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EDITED BY

N. S. DAVIS, M.D.

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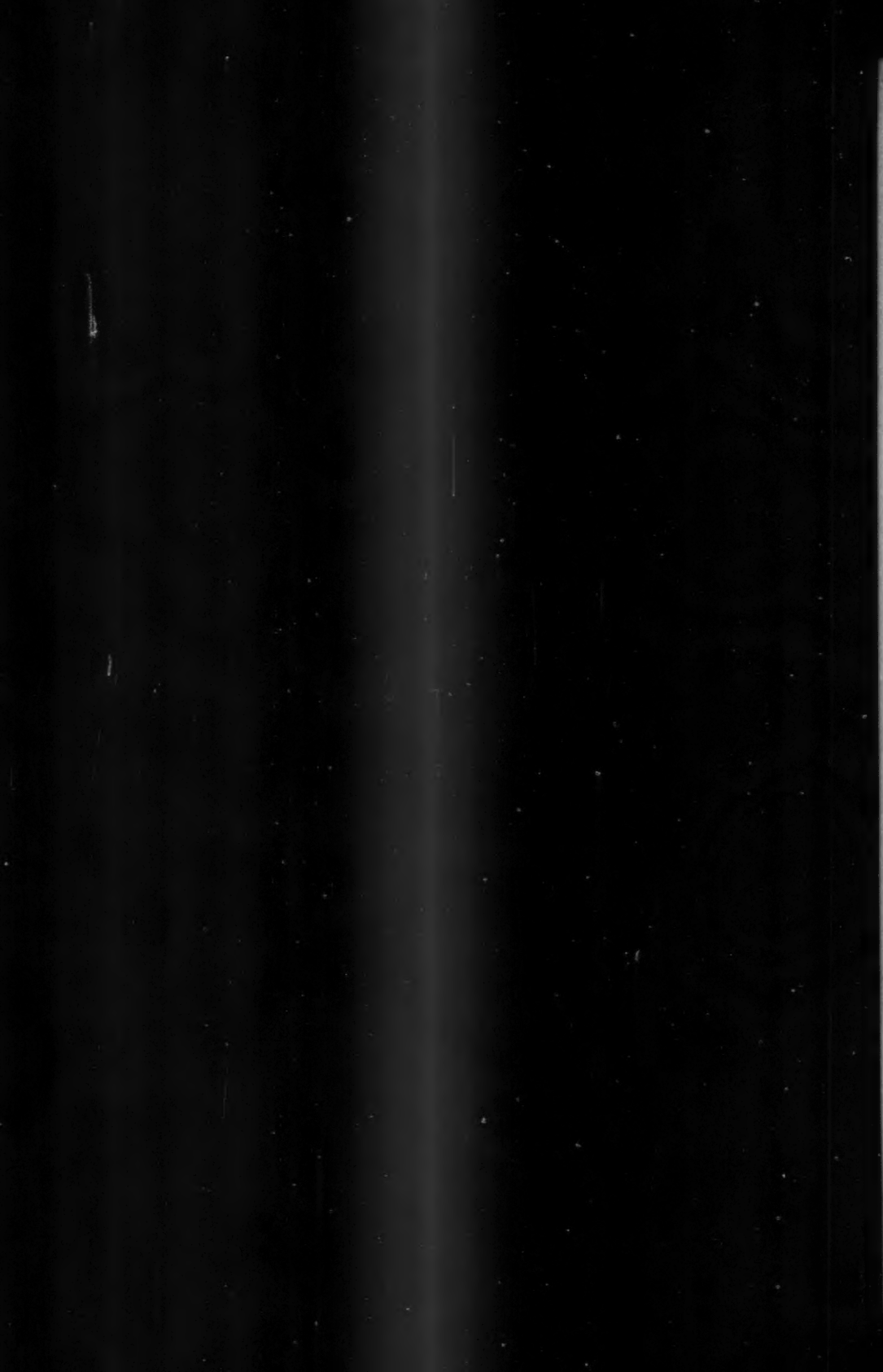
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CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. X.

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Original Contributions.

ARTICLE XXI.

TRACHEOTOMY SUCCESSFUL IN A CASE OF
PSEUDO-MEMBRANEOUS CROUP.

By H. WARDNER, M.D., of Cairo, Ill.

December 11th, 1868, was called to see Freddie, an infant son of Mr. G. E. Lounsbury, of Mound City, Ill. Learned that on the 9th he was attacked with croup, attended with spasms. On the 10th, all vocal sounds had ceased, and the struggle for life began in earnest. Every medicinal means was used that the present state of medical science could suggest, including emetics, sedatives, alteratives, local applications, lime vapor baths, etc., etc., but all in vain, except some temporary relief at times when the system was greatly relaxed by the treatment. Death seemed reaching for its victim.

It was so distressing to witness the child's struggles for breath, that tracheotomy was suggested to the parents, as a means of relief that would at least make an easier death, and would afford the only possible chance for life.

Assisted by Dr. N. R. Casey, I performed the operation, at half-past eleven o'clock, on the night of the 15th of December, being the sixth day of the disease. He was then just 13 months old, had a short, fat neck, which, with the small caliber of the soft and yielding trachea, caused the operation to be made

slowly and with delicacy. I was prepared with two double canulas, the smallest of which was too large for the trachea. I then took out the inside tube, and succeeded in introducing it as a single canula. (I am thus particular, because the annoyances I met with may benefit others when in like circumstances.) At the first introduction of air through the tube, the child apparently fainted, and his breathing was intermitting for two or three minutes, when it became regular, and he dropped off into a quiet sleep. On the following day, he appeared much exhausted for a time, but soon began to revive and took some nourishment.

It was found very difficult to keep the single tube clear of mucous accumulations, consequently, a double tube was made as soon as possible by Mr. Tabor, an ingenious silversmith, of this city. On the fourth day after the operation, the tube was removed, and replaced by the newly prepared double canula, in the convex side of which was an aperture corresponding with the tracheal tube, for the purpose of admitting air through the larynx.

On the 8th day, the canula was removed, cleansed, and readjusted. It was observed that the curve of the canula was too short, so much so that the lower extremity turned forward and pressed against the anterior wall of the trachea, evidently so as to produce an ulcer, as the discoloration of the silver showed that the sulphur of purulent matter must have come in contact with it at that point. This was partially remedied by placing a sort of cushion between the shield of the tube and the neck, thus keeping the tube from dropping in its full length.

On the 15th day, the tube was again removed, but had to be instantly replaced to prevent suffocation. With the coöperation of Dr. C. Gerieke, of St. Louis, I obtained a smaller canula, with a much longer curve, which was introduced on the 22d day. The patient was far more comfortable with this tube, as it did not press upon any very sensitive surface, nor impede deglutition.

At the end of the sixth week this was removed, but could not be dispensed with, and was at once replaced. Calomel was

ordered, to be followed with the daily administration of muriate of ammonia, and this was followed by tonics.

The patient being eight miles from my office, Dr. Hudson, Surgeon, U. S. N., on duty at Mound City, at my request, consented to watch the case daily. (In this connection, I wish to acknowledge the valuable services so courteously rendered by this intelligent officer during the remaining time of treatment.) Applications of nitrate of silver, 10 grains to the ounce of water, were made to the glottis, every three or four days, by Dr. H., who succeeded on several occasions in passing the probang into the larynx, each time being followed by marked improvement. Granular or polypoid growths were observed on the margin of the tracheal wound, which were touched with solid nitrate, through the aperture in the convexity of the tube. The growths were the frequent cause of severe paroxysms of coughing. At the end of 10 weeks, the tube was again removed, but had to be reinserted without delay.

The child's voice had partially returned, and he could breathe at times quite freely through the larynx. An article by Dr. Jacobi, in the *London Lancet*, led to the belief that these growths at the margin of the tracheal wound were the cause of suffocation on removal of the tube. They were, therefore, more freely cauterized; and, on the 7th of April, upon removing the tube, a small tumor came away with it. A marked improvement was observed this time; the patient was two or three minutes without the tube, and but little discoloration of face from want of air followed. The tube removed was replaced by another new one, made after a drawing by C. Degenhardt, of Chicago. This tube was just the thing, a much better fit than the last one. The patient had almost fully regained his voice, had learned to walk, and had cut seven teeth. I requested Dr. H. to remove the tube every four days, to mark the improvement, and leave it out entirely soon as it could be withdrawn with safety. On the 18th of April, 1869, just 128 days from the time of the operation, it was finally dispensed with. The opening closed within 72 hours. *The patient is well.*

I desire to acknowledge valuable suggestions in the treatment

of this case from Dr. W. H. Byford, of Chicago, Dr. Paul F. Eve, of Nashville, and Dr. Abraham Jacobi, of New York City.

During the entire treatment, the child was kept in a large room, well ventilated, in which the thermometer was not allowed to vary five degrees day or night.

He was well fed on milk and such diet of a nourishing but digestible character as he would take.

The day before the operation, I gave him eight grains of calomel at one dose, feeling that I could afford to try anything in which there was the slightest possibility of relief; and I cannot help but think that this heroic dose stopped the disease from extending downwards into the lungs. I also believe that the polypoid or granular tumor on the margin of the tracheal wound was the cause of the tube being retained longer than it otherwise would have been had that not appeared.

The case also shows the necessity of having the canula made so as to fit the parts with the utmost precision compatible with circumstances. It also shows that life *may be* saved by the operation when all else fails.

ARTICLE XXII.

HÆMATEMESIS.

By F. K. BAILEY, M.D., Knoxville, Tennessee.

I was called, November 18th, 1868, to see a lady, aged 52, a native of one of the New England States, but for 30 years resident of a malarious district in Ohio. For 35 years she had suffered from a painful affection of the stomach, which was called by her physicians dyspepsia. During the last 10 years, she had been subject to chills, attended with great depression, palpitation, fainting, and other symptoms indicating shock to the vital powers. In October, she came to this place, her medical attendant having advised change of climate, and who also expressed his opinion that she could not survive another Northern winter. She endured the journey without much fatigue,

and finding herself very pleasantly situated at the home of her son, as well as feeling that the mildness of our autumn air might prove beneficial, was greatly encouraged with the prospect of improving health.

November 16th. She walked about half a mile, and returned feeling somewhat fatigued. The next day she felt symptoms of a chill, such as she had experienced for a long time after over-exertion, and took some quinine.

During the forenoon of the 18th, she became suddenly faint, and very distressingly sick at the stomach. In a few minutes, she vomited more than a pint of partially coagulated blood.

I was soon called, and saw her before reaction was established. I found the blood she had vomited was unchanged in color, and it appeared as though it had flowed very rapidly from an artery. She was deathly pale; pulse 130, and very feeble. Not able to speak so as to give any statement of her feelings. A member of the family had given her some common salt, before my arrival, and she had not thrown up any blood after it was administered.

I gave her two grains of acetate of lead, and six grains of Dover's powder; applied sinapisms to the pit of the stomach and the feet. In about 15 minutes after my arrival at the bedside, she threw up four or five ounces of dark blood. Reaction came up very slowly, and it was nearly dark before she was able to converse sufficiently to give an account of her feelings, or a history of her case. Having never seen her before, I could learn nothing from her, except what she was able to tell while still very feeble.

Judging from her paleness of countenance, and the fact of a residence in a malarious district, I suspected congestion of some of the abdominal viscera. To obviate a possible recurrence, after an interval of the usual length of time in intermittents, I gave sulphate of quinine, in 5-grain doses, to be repeated every three hours. Also ordered warm toddy to be given occasionally during the night, and to keep the extremities warm.

Thursday, 19th: 8 A.M. My patient has slept but little during the night, was very restless, and suffered extremely from nausea and general depression. Pulse 140, small and feeble.

No vomiting; but still complains of severe distress and nausea. To continue quinine in lesser doses, and to give persulphate of iron in solution, every hour.

7 P.M. Still very restless, and much depressed. Pulse 140, very small, and slightly wiry. Tenderness on pressure over the region of the stomach, and as low as the umbilicus. Indications of peritoneal inflammation in the small wiry pulse, and a redness of the tongue.

Prescribed bromide potassa, in 15-grain doses, every three hours. Small doses sulph. quinine, and stimulation, if the pulse should become more feeble.

Friday, 20th: 7 A.M. My patient had slept four or five hours during the night, and expressed herself as feeling much better. No vomiting, nor has there been any alvine evacuation since the attack. No abdominal distention. Great thirst, with some nausea. Pulse 140, and still very small. To take mucilage gum Arabic, with eight drops oil turpentine, every three hours, and toddy *pro re nata*.

7 P.M. No improvement in general appearance. There has been one evacuation from the bowels of a very dark grumous appearance, evidently changed blood. To continue mucilage and stimulants.

Saturday, 21st: 8 A.M. Patient has slept but little during the night. Pulse very small, and 150. No vomiting. To take toddy and beef-tea. Was called at noon, and found she had vomited a half pint of blood, coagulated, and very dark, and voided, at the same time, a quantity of very black grumous substance from the bowels. Very much exhausted. Pulse 160, and hardly perceptible.

Continued to sink, and expired at midnight.

There was no *post mortem* examination.

The above case seems to be one of a class, in which a person will suffer from a painful affection of the stomach for years, and will be treated for gastrodynia, or neuralgia. The mere fact of vomiting blood throws but little light upon this case; for although the blood came from the stomach, we do not know how it came to be in that cavity. From the fact of the blood vomited

being fresh, together with the quantity, would indicate that it escaped from no small source. If it had escaped slowly from the mucous membrane of the stomach, the color would have been changed.

Remarks illustrative of this are found in No. 57, page 113.

Writers speak of cases in which blood will escape from a vessel denuded in a malignant tumor, which may have been forming for years, and suddenly ruptured.

There seemed to me some indications of inflammation of a low grade, following immediately upon the escape of the blood, shown by the small and very frequent pulse.

I have known, at different times in my practise, cases in which a person will have occasional attacks of vomiting pus, mixed with blood, which at last terminated fatally.

The diagnosis in those cases was, an ulcer, which would at intervals pour out its contents into the duodenum, or stomach, to be rejected by vomiting, and also accompanied with a profuse quantity of the same matter, evacuated from the rectum. I think I never before met with *such* a case as the one above described.

Vomiting of blood is often met with from vicarious menstruation, and local congestion of the gastric mucous membrane, which may be easily relieved.

Some 20 years ago, I had a case of a simple quotidian intermittent, in which the patient, a very large and fat man, vomited blood very freely during the hot stage. The blood ejected was fresh, and not coagulated in the least.

He had a second or third recurrence of paroxysms before anti-periodics could be made to suspend the disease; and the vomiting of blood invariably returned with the hot stage. I will add that the subject was a person addicted to excessive use of intoxicating drinks, and as a congestion of the mucous lining of the stomach is known to exist in such cases, the escape of blood is easily accounted for in the hot stage of fever.

Hæmatemesis is, by some, placed in the list of diseases of the stomach; but it can only be considered as a result of some other morbid condition. Vomiting of blood should no more be called

a distinct disease than vomiting of bile; and when we find a person throwing from the stomach a quantity of blood, the cause of its presence in that cavity must be sought, and means adopted for its removal.

ARTICLE XXIII.

ALARMING DENTAL HEMORRHAGE.

By A. J. EIDSON, M.D., Colchester, Ill.

On the morning of July 5th, 1868, at two o'clock A.M., I was called to see Columbus H., aged 18, of sanguine temperament, good physical development, and by occupation a farmer. He had suffered from odontalgia for a week, and on the previous day had had the middle and posterior molars of the right side of the *os maxillare inferius* extracted by a dentist; one at 10 A.M., the other at 3 P.M. There was considerable hemorrhage from the first, which became augmented when the second tooth was drawn. The young man returned home at 6 P.M.; the bleeding continued without abatement. Domestic remedies were used, *viz.*: salt, alum, and cold water, without effect; and professional aid was deemed indispensable.

I found the family in a state of anxiety and alarm. The patient was lying on a pallet on the floor. The pillow was saturated with blood. A large cloth with which he wiped his mouth was deeply dyed with the *liquor sanguinis*. The floor was spattered for several feet around the bed with mouthfuls of coagula. In a vessel was contained more than a pint of the life-current. From loss of blood and rest, the patient was much inclined to sleep, which, however, was only obtained in snatches, on account of the accumulation of coagula and threatened strangulation.

The appearance of the patient was striking. There was jactitation and subsultus; the face pale and haggard; pulse 90, weak and fluttering. Every 15 or 20 minutes he had partial fainting, with nausea, at which times the bleeding abated, only to increase when the system rallied.

I ordered a compress of carded cotton, soaked in a saturated solution of acid tannic, laid on the gums, to be firmly retained by forcibly closing the jaws. This checked the flow for a short time. Firm pressure on the carotid artery moderated the hemorrhage. Not having a more powerful styptic at hand, I broke up the coagula in the bleeding sockets, and with a small pointed syringe injected the *tinct. ferri chlo.*, as near the seat of hemorrhage as possible. I then saturated a fresh compress of cotton with the tincture, and applied as the first, enjoined the patient to make firm pressure with the lower jaw. The bleeding was at once arrested, but returned in about an hour. A fresh compress, prepared as before, was applied, and the bleeding ceased for three hours, when it partially returned. The cotton and superficial coagula were removed; another application of the remedy as before, and the hemorrhage was permanently arrested. Rest and quiet were enjoined, and a nutritious diet ordered, with the following:—

R. Tinct. Ferri Chlo., S. M. x. Three times a day.

This to be followed in four or five days with—

R. Elixir Calisa. Ferrat., S. ʒiv. Three times a day.

Patient's recovery somewhat tedious, but satisfactory and complete.

I ascertained that both parents of the young man were of the hemorrhagic diathesis, and that every member of the family was prone to bleed much and persistently from slight abrasions. None of them, except the patient, had ever had teeth extracted at adult age.

ARTICLE XXIV.

EXTRACTION OF A NEEDLE.

By C. N. COOPER, M.D.

In May, 1868, Gertrude C., aged 2 years, was suddenly seized with violent coughs, choking, and dyspnoea, which lasted several hours, after which she breathed naturally. In November following, she complained that something hurt her back.

On examination, a foreign substance, apparently a small pin, was discovered just below the inferior angle of the right scapula, pointing externally. It disappeared and reappeared several times. *April 13th.* I was called, with Dr. Clemmer, of this city, to examine the child, and, if practicable, remove the offending substance. We cut down upon the point, seized with forceps, and extracted the pointed end of a needle, about eight lines in length.

There was no suppuration before nor after the operation. Is it probable that the needle passed down the larynx and worked its way through the tissues to the surface? Is it more probable that it was thrust into the tissues from without, unnoticed by the child and its attendants?

I should be glad to hear any suggestions on this point.

CRESO, IOWA, *April 27th, 1869.*

Original Translations.

NEW INVESTIGATIONS CONCERNING EPILEPSY, RESULTING FROM CERTAIN LESIONS OF THE SPINAL NERVE.

BY DR. BROWN-SÉQUARD.

Epilepsy is an affection of man so terrible and so difficult to cure, that it is important to collect with the greatest care all facts capable of affording any light upon so frightful a malady.

In the year 1850, I found that certain lesions of the spinal cord would produce epileptiform convulsions among Guinea-pigs; and since that time I have not ceased to experiment upon the numerous epileptic animals which I have had constantly at my disposal. During the winter of 1866-7, after having submitted a great number of Guinea-pigs to the principal lesions which produce epilepsy, I had opportunity to make many new observations that have not been given to the public as yet, except very briefly, in my course at the Medical College of Cam-

bridge University (United States), and in two recent communications to the Academy of Medicine, at Paris. I propose to present here, with some détail, the greater part of these, as well as some previous observations relative to the physiology of epilepsy:—

I. LESIONS WHICH PRODUCE EPILEPSY AMONG GUINEA-PIGS.

In a paper read at the Academy of Science, January 1st, 1856, I announced the following lesions of the medulla spinalis as capable of producing this affection:—

1st. Complete, or nearly complete, transverse section of one lateral half.

2d. Simultaneous transverse section of the posterior cords of the posterior gray cornua, and of one part of the lateral cords.

3d. Transverse section, either of the two posterior or the lateral cords, or, finally, of the anterior cords only.

4th. Complete transverse section.

5th. A simple puncture.

Without exception, all the Guinea-pigs that have survived the first, second, or fourth of these wounds more than five or six weeks have been attacked by epilepsy.

I can repeat, then, to-day, what I said in 1856, that a complete transverse section of the spinal nervous centre, or of a little more than the posterior half of this organ, or, finally, of one of its lateral halves, after a certain length of time, invariably produce a convulsive epileptiform affection among Guinea-pigs, which, as I shall show hereafter, has all the essential characteristics of epilepsy in the human being.

Of the three great white cords of the medulla spinalis—the anterior, the lateral, and the posterior—the section of the last, especially, is capable of producing epilepsy. But *complete* epilepsy does not usually follow injuries, limited to any one of these parts.

The section of one or the other of these cords, on one side only, rarely occasions complete epilepsy; the same is true of the simultaneous transverse section of one of the posterior gray cornua, and of some fibres of the two neighboring white cords.

Moreover, as I had already discovered in 1856, a fully developed form of epilepsy may be the result of a simple puncture of the spinal nerve, particularly in its posterior half.

Among Guinea-pigs that do not become epileptic after an injury of the spinal nerve, it is quite frequent, after irritating certain portions of the skin, to notice some reflex convulsive motion of the face, or the members not paralyzed. The agitation is similar to that observed among animals which should become epileptic a few days or a week before the appearance of a complete attack. It may be considered, therefore, of an epileptic nature.

II. PARTS OF THE NERVOUS SYSTEM, THE LESION OF WHICH FREQUENTLY OR ALWAYS PRODUCES EPILEPSY AMONG GUINEA-PIGS.

It is probable that nearly if not all the parts of the medulla spinalis, from the origin of the first pair of cervical nerves to the coccygeal termination of this nervous centre, are capable of producing epilepsy, after receiving a wound by incision. But the affection never fails to occur after an injury of the part, extending from the seventh or eighth dorsal vertebræ to the second or third lumbar, if the operation is one of those I have previously indicated as invariably followed by epilepsy. The spinal marrow, from the third lumbar vertebra to the coccygeal termination, loses continually its power to occasion this malady.

I am not prepared to say whether the part of the medulla spinalis which gives origin to the last two cervical and the first four dorsal pairs can produce epilepsy or not. When I have removed a complete or nearly complete lateral half of the nervous centre, in this region, the animals have all died before the time for the appearance of the paroxysm. After the section of the posterior half of the spinal cord, or of one of the lateral halves, between the second and fifth pairs of nerves in the cervical region, if death should not occur in less than four or five weeks, epilepsy usually manifests itself. It is evident from these facts that nearly all parts of the spinal nerve, considered in its length, can produce epilepsy when irritated by incision. But all these parts, except that having its centre in the region

just indicated, possess, only partially, the power of engendering this disease. It can not be said that epilepsy always or frequently follows extensive lesions of the rachidien bulb among these animals. After such operations, the duration of life is far too short to render the solution of this question possible.

Meanwhile, I have frequently seen Guinea-pigs survive for many months a transverse section of the restiform body, of the intermediate cord, or of one of the anterior pyramids; and I have never seen among them either simple, reflex convulsions, in the parts not paralyzed, or epileptic attacks, spontaneous or provoked. At the present time, there are near me seven of these creatures, having the restiform body of one or both sides cut transversely in the vicinity of the *calamus scriptorius*. With the exception of anæsthesia in some parts, and a little hyperæsthesia in others, they are, to all appearance, in perfect health, with no paralysis of the body or limbs. There have been no spontaneous convulsions among them, and the liveliest irritations of the skin in the region of the head, neck, etc., have never occasioned spasmodic phenomena. Some were submitted to the operation six months ago, others only two months since.

Guinea-pigs have frequently lived after I have removed the V of gray substance of the *calamus scriptorius*, and a small quantity of the neighboring gray substance. Convulsions have never followed this operation, save in one instance. But in this exceptional case, the attacks of epilepsy were the most violent I have ever witnessed among these creatures. From this animal I removed the part of the rachidien bulb, which Flourens calls the *centrum vitale*. The operation was made during one of my lectures at the Royal College of Surgeons, in London, May, 1858. The subject died from accident in September, 1860, having had, meanwhile, at least five or six convulsions daily for several months preceding its death. I shall have occasion to say hereafter that its attacks differed in many respects from those caused by wounds in the lumbar or dorsal regions.

Injury of the nerves may also give rise to epilepsy among

Guinea-pigs. Twice, I have observed this disorder after section of the sciatic nerve,* and I have frequently seen it follow section of the roots of four or five dorsal nerves on one side. Have I wounded the spinal cord in making the section of the roots? It seems to me absolutely impossible that it should be thus in every case, and, therefore, I believe it safe to conclude that epilepsy can be produced among these creatures, by sections of the roots of the spinal nerves.

The facts I have just mentioned are quite valuable for the demonstration of a relation of causality between the injuries of the medulla spinalis and of other parts of the nervous system, on one side, by the frequent appearance of epilepsy, and on the other, by the non-existence of spontaneous epilepsy, or at least its extreme rarity in this species of animals, in which these operations produce more or less frequently this nervous affection. For 30 years, I have had near me a considerable number of Guinea-pigs (certainly many thousands), and I have never observed epileptic attacks among them, except in those submitted to the operations specified, or among their descendants. That cannot authorize me to affirm that idiopathic epilepsy never exists in this species of mammifera, but at least it suffices to show that epilepsy if the frequent attendant of certain lesions, is, assuredly, the result of these lesions.

III. TIME OF THE APPEARANCE OF EPILEPSY AFTER INJURIES OF THE SPINAL NERVE AMONG GUINEA-PIGS.

I have said, previously, that this convulsive affection manifests itself in the third week after the operation. This is true, ordinarily, of the simple reflex convulsions; but complete epilepsy usually appears only in the fourth or fifth week after the injury. Sometimes the convulsions manifest themselves much sooner—in one case, at the end of six days, and in some others, in eight or ten days. Without exception, all animals that have

* My colleague, M. Vulpian, told me that he had observed epilepsy in a Guinea-pig possessing the sciatic nerve. Aside from this case, he has never seen the disease among these animals, from which we may conclude that it must be extremely rare, when we consider the immense number of Guinea-pigs that he has near him, in the laboratory of Flourens, and elsewhere.

survived for a sufficient time one of the lesions invariably followed by epilepsy have had their first attack previous to the end of the eighth week.

Animals well fed, and surrounded by good hygienic influences, are attacked much later than those poorly fed, exposed to cold, dampness, etc.

The more extensive the injury of the spinal nerve the sooner in general epilepsy ensues.

Among very young Guinea-pigs this affection is usually more tardy in making its appearance than among those three or four months old.

IV. PARTS OF THE SKIN WHICH ARE CAPABLE, WHEN IRRITATED, OF PRODUCING AN ATTACK OF EPILEPSY AMONG GUINEA-PIGS, HAVING UNDERGONE AN OPERATION OF THE SPINAL NERVE.

For some time, I believed that after a section of the lateral half of the nerve, in the vicinity of the tenth dorsal vertebra, epileptic convulsions were provoked by irritation of the hyperæsthetic member. The supposition was quite natural, as there was no reason to foresee or even to suppose that, in a region remote and anterior to the place of injury to the vertebral column, any particular part of the skin when irritated was alone capable of producing such results. In order to provoke the attack, I pinched the hyperæsthetic member, while holding the animal in my left hand with one or two fingers touching the face and neck. There was immediate distress and very great agitation of the animal, producing some friction of the face and neck, that is, an irritation of the only parts really capable of causing the paroxysm. When this took place, under such conditions, it seemed apparent that the irritation of the hyperæsthetic member had engendered it. But after finding the convulsions also occurred, when I held, in the same manner, a Guinea-pig that had undergone a complete transverse section of the dorsal nerve, and, consequently, no sensibility existing in the posterior region, the irritation of which only produced reflex motion, it became evident that my first opinion was false. I was then led to inquire what were the parts of the anterior region the irritation of which would cause the attack? and I

was not long in deciding that the face was one of these parts. I immediately extended my investigations in this subject, and I ascertained:—1st. That it is only on the side of a unilateral lesion of the spinal nerve that certain portions of the skin acquire the faculty of occasioning an attack of epilepsy when irritated. 2d. That these portions of the skin are those of one part of the face and neck. 3d. That the nerves which are distributed to these portions of the skin originate from the trigeminal and the second and third pairs of rachidian nerves.

My latest investigations in this subject confirm what I had already briefly announced in 1856, at the Academy of Medicine, that the irritation of a certain zone of the skin would produce epileptic paroxysms, in cases where epilepsy had followed the section of one lateral half of the spinal cord. The limits of this zone, as I have discovered them, are represented by the dotted lines in Figure 1.

These limits, as it appears, are slightly curved lines which circumscribe an ovular space, which, in the adult Guinea-pigs, is about five centimetres long, and three and a-half or three and three-fourths centimetres in width. If we should draw, as in the figure just mentioned, a line from the anterior palpebral angle to the projection of the superior maxillary bone, which forms the lower limit of the suborbital fossa, from there to the middle of the lower jaw, from this point, passing below the angle of the jaw to the scapulo humeral articulation, thence reascending along the anterior edge of the shoulder-blade, until the middle point of its length is reached, from this last point into the attachment of the lobe of the ear, and, finally, from there to the point of departure, the anterior palpebral angle, passing below and very near the edge of the lower eyelid, we inclose the excitable region. All other parts of the body, including the hyperæsthetic portions of the skin, back of the seat of hemisection of the spinal nervous centre, without producing any spasmodic action, without even any convulsive movements of the face, head, and eyes, which are frequently manifested after very slight irritation of the zone capable of producing an attack.

On the head and neck, we can, without exciting convulsions,

irritate severely the skin or membrane of the nose, lips, tongue, conjunctiva, upper eyelid, edge of the lower eyelid, space comprized between the eyes, ears, shoulders, and head, and also between the lower jaws (except in a very short space along the inferior maxillary). I repeat, then, there is only the zone of skin on the head and neck, that may be capable under the influence of severe or trivial irritation of occasioning epileptic spasms, among Guinea-pigs that have been submitted to the operation designated.

It is not always thus in cases where there has been a complete or nearly complete transverse section of the spinal cord. On the contrary, it is most common to find that besides the zone described above, and which in these cases, on both sides, has power to cause convulsions, other parts of the skin possess the same faculty. The skin between the right and left zones, which extends over the last four cervical vertebra, and, especially, that portion comprised between the scapulæ, has also power to cause attacks of complete epilepsy, or spasmodic action of some muscles of the face, neck, and anterior members. This zone, intermediate to the other two, sometimes extends back even to the region of the cicatrix, where the incision was made, and the vertebral canal was opened to allow the section of the nerve. Sometimes I have even seen a paroxysm occur after irritation of the cicatrix; but, as in the very same animals where I have observed this phenomena, I have not been able to reproduce it in numerous experiments, it is possible that the local disturbance may have affected the parts of the skin anterior to the cicatrix, and thus have caused the attack by irritation of those portions possessing undue excitability. When the lesion, consisting of a transverse section of the posterior half of the spinal nerve, on both sides, is more extensive on one side than the other, it is found, very frequently, that only one side of the face or neck is capable of producing convulsions. In these cases, the zone of the skin which acquires this morbid property is always found on the side where the nerve has been more severely wounded. Then, sometimes, portions of the skin beyond the zone limited to one side of the neck and face, and

pertaining to the intermediate zone just alluded to, have also the power to bring on the spasms. The portion comprised between the scapulæ especially possesses this faculty.

Now and then, too, a lesion of the two posterior thirds of the spinal cord, on both sides, renders both sides of the face and neck capable of producing the convulsions, the same as occurs after a complete transverse section of this nervous centre. But there is this difference in the two cases, that in the first, the intermediate zone of which I have spoken, does not acquire, usually, the power of causing an attack, while, in the second case, on the contrary, this almost invariably takes place.

In the zone of skin on the face and neck, the points seeming most excitable are found at the angle of the jaw, below the eye, and at the middle of the lower edge of the scapula.

V. NERVES WHICH ARE DISTRIBUTED IN THE ZONE OF SKIN CAPABLE OF CAUSING AN EPILEPTIC ATTACK.

Among Guinea-pigs having undergone a transverse section of one lateral half of the spinal cord, this sensitive zone of skin receives ramifications from one cranial nerve, the trigeminal, and some of the cervical pairs. Of the three great branches of the trigeminal, the ophthalmic does not furnish ramifications to this zone; the other two supply it, particularly by the infra-orbital and the auricular temporal. The posterior branches of the second, third, and fourth pairs of cervical nerves are especially distributed in this space.

As I have already said, when there is a complete or nearly complete transverse section of the spinal cord, beyond the ordinary zone, on both sides of the head and neck, there is an intermediate zone over the last cervical vertibræ, and a part of the dorsal vertibræ, also capable of causing spasms when irritated. The branches of nerves which distribute themselves in this new zone of skin originate nearly, if not entirely, from the posterior branches of the spinal nerves, in a part of the cervical and dorsal regions.

(*To be continued.*)

Proceedings of Societies.

DEWITT COUNTY MEDICAL SOCIETY.

The Society met in annual session at the office of Drs. Goodbrake & Edmiston, in the City of Clinton.

The President, Dr. J. A. Edmiston, in the chair.

Minutes of last meeting read and approved.

Dr. W. G. Cochran, of Farmer City, was proposed for membership and elected.

Officers for the ensuing year:—President, Dr. John Wright; Vice-President, Dr. J. W. Edmiston; Treasurer, Dr. C. Goodbrake; Secretary, Dr. Edmiston; Censors, Drs. W. G. Cochran, C. Goodbrake, J. H. Tyler.

Dr. Wright, in a neat speech, returned thanks for the honor conferred upon him.

The retiring President, Dr. J. A. Edmiston, asked until next regular meeting to complete his annual address, which was, on motion, granted.

Drs. C. Goodbrake and John Wright were elected delegates to the American Medical Association for the next year; and Drs. C. Goodbrake, J. Wright, and B. S. Lewis were elected delegates to the Illinois Medical Society, with power to designate alternates in case of inability to attend.

Various subjects were brought before the meeting and discussed at length.

Drs. W. G. Cochran and J. H. Tyler were appointed essayists.

On motion, the Secretary was instructed to furnish copies of proceedings to the Clinton papers and Chicago medical journals, for publication.

On motion, adjourned until next regular meeting.

JOHN A. EDMISTON, *Secretary.*

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

Not the least among the important results of the recent meeting of the American Medical Association, in New Orleans, was the formation of a permanent association, composed of those engaged in the work of medical journalism. A few weeks previous to the meeting in New Orleans, the idea of holding a separate conference by the editors of medical journals was suggested by Dr. Parvin, Editor of the *Western Journal of Medicine*. The suggestion was cordially accepted by such editors as were present; and, after one or two preliminary meetings, a permanent organization was effected, on the evening of May 6th, as follows:—

Pursuant to adjournment from the preliminary meeting on Tuesday, the meeting of Medical Journalists was called to order, at 8 o'clock P.M., by Dr. N. S. Davis, of the CHICAGO MEDICAL EXAMINER.

The Committee on Organization, through their Chairman, Dr. Theophilus Parvin, of the *Western Journal of Medicine*, then presented the following preamble and plan of organization, which was unanimously adopted:—

“The editors of medical journals in the United States, desiring to cultivate professional courtesies, to facilitate the conduct and general management of our journals, to promote their interests, their usefulness, and make them a still greater power for professional and popular good, and especially to advance the interests of medicine, hereby unite together under the following

ARTICLES OF ASSOCIATION.

Name.—The Association of American Medical Editors.

Purposes.—The cultivation of friendly relations, mutual assistance, community of effort and means, where practicable, in a system of receiving foreign exchanges, and of sending our own journals abroad; in urging, with hearty concert, improvements in the present system of medical education, and a higher standard of preliminary education of those who desire to enter upon the study of medicine; the collection of vital statistics; the collecting of the names of all the regular physicians in the

United States, age, place, and date of graduation, if a graduate; also, the same in reference to graduation at literary institutions, if such graduation has taken place.

Meetings.—These shall be held, commencing at 10 A.M., on the day preceding, and at the place of the annual meeting of the American Medical Association.

Officers.—President, Vice-President, Permanent-Secretary, and Secretary.

The President, Vice-President, and Secretary shall be elected annually, and shall serve at the meeting of the succeeding year.

Committees shall be appointed, where necessary, for the carrying out of any of the special purposes of the Association."

These resolutions having been signed by the following delegates:—Dr. N. S. Davis, *CHICAGO MEDICAL EXAMINER*; Dr. Jas. M. Halloway, *Richmond and Louisville Medical Journal*; Dr. Wm. M. McPheeters, *St. Louis Medical and Surgical Reporter*; Dr. W. R. Bowling, *Nashville Journal of Medicine*; Dr. J. Berien Lindsley, *Nashville Journal of Medicine*; Dr. Greenville Dowell, *Galveston Medical Journal*; Dr. Samuel Logan, *New Orleans Journal of Medicine*; Dr. S. S. Herick, *New Orleans Journal of Medicine*; Dr. E. W. Jenks, and Dr. Geo. D. Andrews, *Detroit Review of Medicine and Pharmacy*; Dr. W. S. Mitchell, *New Orleans Journal of Medicine*; and Dr. S. M. Bemiss, *New Orleans Journal of Medicine*. The officers, as follows, were unanimously elected:—

Dr. N. S. Davis, President; Dr. W. M. McPheeters, Vice-President; Dr. W. S. Mitchell, Permanent-Secretary, and Dr. J. Berien Lindsley, Secretary.

The following resolutions were unanimously adopted:—"That a committee on foreign exchanges be appointed, to consist of Dr. Parvin, as Chairman, and the Permanent-Secretary.

That the Permanent-Secretary be instructed to correspond with such regular medical journals of the United States as are not now represented, informing them of the objects of the organization, and inviting their coöperation.

That a committee consisting of Drs. Bowling, Dowell, and Andrews be appointed on the Registry of Physicians.

That the President deliver at the next meeting an address on the history, progress, etc., of medical journalism in this country, and that the members of the Association furnish to him such material and information as they may be able to obtain.

That beside the members already signing the constitution, all physicians connected with regular medical journals be considered members, upon signifying in writing to the Permanent-Secretary their willingness to subscribe to the foregoing articles of agreement, until opportunity be afforded them of signing said articles.

That the President be requested to announce to the American Medical Association the formation and objects of this Association.

That these minutes be furnished to the secular papers, with a request that they be copied.

That Dr. Halloway be appointed a committee to arrange a general plan of commutation between medical journals.

That the Committee on Exchanges be instructed to arrange some general plan for the establishment of agencies in all the principal cities.

There being no further business, the meeting adjourned.

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association met in the hall of the Mechanics' Institute, in the City of New Orleans, May 4th, 1869.

The following is a reliable abstract of its proceedings, corrected from the *New Orleans Times*:—

PROCEEDINGS OF THE OPENING DAY.

The American Medical Association met in the Mechanics' Institute, at 11 A.M.

The President, Dr. W. O. Baldwin, of Alabama, occupied the Chair, assisted by Vice-Presidents Drs. Geo. Mendenhall, of Ohio, and S. M. Bemis, of Louisiana.

The Permanent-Secretary, Dr. W. B. Atkinson, of Pennsylvania, and Assistant-Secretary, Dr. A. J. Semmes, of Georgia, were present.

The President invited to seats on the platform Drs. Warren Stone and A. Lopez, of New Orleans, and ex-Presidents H. F. Askew, of Delaware, N. S. Davis, of Illinois, and Alden March, of New York.

The session was opened with prayer by Rev. Mr. Gallaher, of New Orleans.

Dr. T. G. Richardson, of Louisiana, Chairman of the Committee of Arrangements, welcomed the delegates to the city in an eloquent address.

He announced that the session would be held from 9 A.M. to 2 P.M., and the Sections would meet at 3 P.M., in the Mechanics' Institute, and in the University.

On motion of Dr. Richardson, the following gentlemen were elected members by invitation:—Drs. Taney, Legare, Anfoux, Tebault, Barnes, of New Orleans, and McFarland, of Mississippi.

The President then delivered the annual address.

On motion of Dr. Askew, of Delaware, it was referred to the Committee of Publication.

Letters were read by the Permanent-Secretary from Drs. S. D. Gross, of Pennsylvania, W. Byard, and W. Canniff, of Canada, and R. A. Kinloch, Chairman of Medical Society of South Carolina, expressing regret at their inability to be present on this occasion.

Reports of special committees were called for.

Disease of Cornea.—No report.

Cultivation of Cinchona Tree, reported progress, and on motion of Dr. Toner, District of Columbia, Dr. T. Antisell, District of Columbia, was added to that committee.

Excision of Joints for Injuries.—No report.

Alcohol and its Relation to Medicine.—Dr. Jno. Bell, Pennsylvania, presented a report, which was referred to the Section of Practice of Medicine.

On the Cryptogamic Origin of Disease, with special reference

to Recent Microscopic Investigations on that Subject.—Dr. Edward Curtis, U. S. A., Chairman. Reported, and referred to Section on Meteorology and Epidemics.

On Operations for Hare-lip: Dr. A. Hammer, Missouri, Chairman.—No report.

On Clinical Thermometry in Diphtheria: Dr. Jos. G. Richardson, New York, Chairman.—Discharged at his own request.

On Prophylactics in Zymotic Diseases: Dr. Nelson L. North, New York, Chairman.—Reported and referred to Section on Meteorology and Epidemics.

On Inebriate Asylums: Dr. C. H. Nichols, D. C., Chairman.—No report.

On the influence of the Pneumogastric Nerve on Spasmodic and Rhythmical Movements of the Lungs: Dr. Thomas Antisell, D. C., Chairman.—No report.

To Examine into the Present Plan of Organization and Management of the United States Marine Hospitals: Dr. D. W. Bliss, D. C., Chairman.—No report.

On the Utilization of Sewerage: Dr. Stephen Smith, New York, Chairman.—No report.

On the Influence of Quarantine in Preventing the Introduction of Disease into the Ports of the United States: Dr. Elisha Harris, New York, Chairman.—No report.

On Nurse-Training Institutions: Dr. Samuel D. Gross, Pennsylvania, Chairman.—Reported, and referred to Section on Practical Medicine.

On Commissioners to Aid in Trials Involving Scientific Testimony: Dr. John Ordronaux, New York, Chairman.—Reported, and referred to Section on Medical Jurisprudence.

On Annual Medical Register: Dr. John H. Packard, Pennsylvania, Chairman.—Reported progress, and, on motion of Dr. Mussey, of Ohio, it was—

Resolved, That each State Medical Society be requested to prepare an Annual Register of all the regular practitioners of medicine in their respective States, giving the name of the colleges in which they may have graduated, and date of diploma or license.

On Devising a Plan for the Relief of Widows and Orphans of Medical Men: Dr. John H. Griscom, New York, Chairman.—Reported, which was referred to the Committee of Publication.

On Veterinary Colleges: Dr. Thomas Antisell, District of Columbia, Chairman.—Reported progress and was continued.

On Specialities in Medicine, and the Propriety of Specialists Advertising: Dr. E. Lloyd Howard, Maryland, Chairman.—Reported, and was, on motion, made the special order for Wednesday, at 12 M.

On Library of American Medical Works: Dr. J. M. Toner, D. C., Chairman.—Reported, and was, on motion of Dr. Davis, made special order for Wednesday, at 1 P.M.

On Vaccination: Dr. Henry A. Martin, Massachusetts, Chairman.—No report.

On the Decomposition of Urea in Uræmic Poisoning: Dr. H. R. Noel, Maryland, Chairman.—No report.

On the Best Method of Treatment for the Different Forms of Cleft Palate: Dr. J. R. Whitehead, New York, Chairman.—Reported and referred to Section on Surgery.

On Rank of Medical Men in the Navy: Dr. N. S. Davis, Illinois, Chairman, announced that their last year's report was final, and committee was discharged.

The report on Medical Ethics by Dr. D. Francis Condie, Pennsylvania, Chairman, was read by Dr. Davis, and adopted.

On American Medical Necrology: Dr. C. C. Cox, Maryland, Chairman.—Reported progress, and was continued on motion of Dr. Davis. Dr. Cox was authorized to fill all vacancies on his committee.

Voluntary communications were presented by Dr. Jos. Jones, of Louisiana, on Mollities Ossuum; and referred to Section on Surgery.

On Cases of Lead Palsy from Use of Cosmetics. By Dr. L. Sayre, of New York. Referred to Section on Hygiene.

On the Physiology and Chemistry of Longevity. By Dr. Cutler, of Mississippi. Referred to Section on Hygiene.

On the Protective and Preventive Uses of Quinine. By Dr.

S. Rogers, of New York. Referred to Section on Practical Medicine.

On the Tongue in Malarious Diseases. By Dr. Osborn, of Alabama. Referred to Section on Practical Medicine.

On the Warm Cerebro-Spinal Bath in the Treatment of Congenital Apnoea, and on a New Method of Artificial Respiration. By E. D. McDaniel, of Alabama. Referred to Section on Practical Medicine.

Reports on Climatology and Epidemics were received from Drs. Thoms, of New York; T. J. Heard, of Texas; F. W. Hatch, of California; E. A. Hildreth, of West Virginia; which were referred to the Section on Climatology and Epidemics.

Reports of progress were received from Drs. Hamill, of Illinois; A. Sager, of Michigan; Compson, of Mississippi; and Pimm, of Louisiana.

On the motion of Dr. Davis, the Report on the Revision of the Plan of Organization was made the special order for Wednesday, at 10 A.M.

Papers relative to Medical Education were read, and referred, on motion of Dr. Davis, to a special committee of five, to be appointed by the President.

The President appointed Drs. Davis, Illinois; P. F. Eve, Tennessee; E. S. Gaillard, Kentucky; E. Lee Jones, New York; and J. K. Bartlett, Wisconsin.

On motion, adjourned until Wednesday, at 9 A.M.

SECOND DAY'S PROCEEDINGS.

At 9 A.M., Dr. W. O. Baldwin, the President, in the Chair, called the meeting to order. The reading of the minutes having been dispensed with, Dr. Richardson, the Chairman of the Committee of Arrangements, presented the names of the following candidates for admission, by invitation, to the Association, who were duly elected:—

Dr. Jas. E. Morris, New Iberia, La.; Drs. Wm. H. Watkins, John M. Cullen, Charles H. Kelly, S. R. Hurd, C. J. Bickham, P. B. McKelvey, Wm. G. Austin, J. Bensadon, O. Anfoux, H. D. Schmidt, Fr. Loeber, S. A. Smith, of New Orleans; L. L.

Henry, Henderson McFarland, J. S. Bacon, of Mississippi; Dr. C. Tucker, of Danville, Kentucky; and Drs. Florence O'Donnoghue, and John F. Randolph, of the U. S. A.

A paper on "Canula and the New Mode of Applying Ligatures," was submitted by Dr. P. F. Eve, Tennessee, and was referred to the Section on Surgery.

Dr. J. M. Bush, of Ky., offered the following resolution:—

Resolved, That a committee of five members be appointed by the Chair, to take into consideration the subjects alluded to in the President's address, and report at this meeting.

This resolution having been adopted, the President selected as members of the committee, Dr. Parvin, of Indiana, Chairman; Dr. Toner, of the District of Columbia; Dr. Pollock, of Pennsylvania; Dr. Welch, of Texas; Dr. Seely, of Alabama.

Dr. McPheeters, of Missouri, offered a communication from the Medical Association of that State, in reference to Medical Education.

On motion of Dr. Toner, District of Columbia, it was referred to the Special Committee on that subject.

Dr. Eve offered the minutes of the Medical Society of Tennessee, which was similarly referred.

Dr. Gaillard, of Kentucky, offered the following preamble and resolutions which were referred to the same committee:—

Whereas, The medical teachers of America have, after a trial of twenty-two years, failed to meet satisfactorily and efficiently the requirements of the great body of the profession in regard to medical education; and

Whereas, The condition of the profession is yearly becoming more deplorable, on account of the antagonistic and objectionable policy of medical schools, in making the amount of fees charged, rather than a successful teaching, the basis of competition; and

Whereas, To obtain professionally competent graduates, sound and efficient teachers are indispensably necessary; and

Whereas, Such teachers, to be found throughout the country, cannot be induced to leave their homes, without the assurance of competent remuneration; and

Whereas, Such remuneration can only be obtained by adequate fees charged, unless by a system of low fees the *number* of students be relied upon to make up the inevitable pecuniary deficiency; and

Whereas, Reliance upon numbers of students for this purpose deplorably crowds the already overcrowded professional field, diminishing thereby individual income, judgment, experience, and skill, thereby compelling practitioners to resort to other avocations as a source of supplemental income; and

Whereas, This devotion to other pursuits destroys opportunities for study and improvement, degrading thereby the status and standard of American physicians; and

Whereas, The schools of New England, New York, Pennsylvania, Maryland, Virginia, South Carolina, Georgia, Alabama, Texas, Tennessee, and District of Columbia now charge comparatively remunerative fees; and

Whereas, the low system of fees is charged only in a few of the Middle States, and can with advantage be made to conform to the rate of fees charged elsewhere; and

Whereas, It is as unethical for colleges to underbid each other pecuniarily or for practitioners to do so:

Resolved, That hereafter no medical school in this country, other than those fully endowed, be entitled to representation in this Association, if the amount charged by such schools for a single course of regular lectures be less than \$140.00.

Resolved, That all schools charging less than this sum are earnestly requested by this Association to advance their rate of fees to the amount mentioned.

The report of Dr. Lee, of New York, the delegate to the Association of Superintendents of Insane Asylums, was offered, and referred to the Section on Psychology.

The report of Dr. Gross, of Pennsylvania, delegate to Foreign Medical Association, was presented, together with the letter to Dr. Ehrenberg, was read, and referred to the Committee of Publication.

The time having arrived for consideration of the Revision of Plan of Organization, it was, on motion, taken up.

On motion of Dr. Hibberd, the following amendment to the constitution was adopted:—

Add to Article VII. the following:—“*Provided, However,* that when an amendment is properly under consideration, and an amendment is offered thereto, germane to the subject, it shall be in order, and, if adopted, shall have the same standing and force as if proposed at the preceding meeting of the Association.”

On motion, the following amendments to the constitution, submitted last year, were adopted:—

II. MEMBERS.

In this section, second paragraph, fourth line, insert after the words “United States” the words “from the army and navy.”

In fifth paragraph, third line, insert after the word “member” the words “or whose name shall have been, for non-payment of dues, dropped from the rolls of the same.” In fifth line, same paragraph, after the word “sentence,” read “or disability.” In sixth line, after the word “society,” add the following:—“Or shall have paid up all arrears of membership; nor shall any person, not a member and supporter of a local medical society, where such a one exists, be eligible to membership in the American Medical Association.”

In seventh paragraph, fifth line, strike out the remainder of sentence after the word “by,” and insert the words “at least three of the members present, or three of the absent permanent members.” In ninth line, after the word “delegates,” add the words “except the right to vote.”

In eighth paragraph, fifth line, add after the word “delegates,” the words “and comply with the requirements of the by-laws of the Association.”

In ninth paragraph, third line, insert after the word “must” the words “exhibit his credentials to the proper committee.”

III. MEETINGS.

In first paragraph, third line, strike out after the word “shall” the words “never be the same for any two years in succession, and shall.”

After the ninth paragraph insert the following new sentence:—"Corresponding members shall consist of such medical gentlemen, eminent in their profession, residing out of the United States, as the Association shall, from time to time, elect."

IV. OFFICERS.

In first paragraph, third line, after the word "Treasurer," insert the words "and Librarian." In second line, after the word "Secretary," strike out the article "and."

The following amendment was, after much discussion, unanimously rejected:—In the third line, after the word "Librarian," insert the following new sentence:—The President shall be nominated and balloted for in open convention, and shall be elected only from those who have attended at least five annual meetings of the Association; and if, on the first ballot, no person receives a majority of the votes cast, the second ballot shall be confined to the three highest on the list; should no choice be then made, the candidate lowest on the list shall then be dropped. In the event of a tie on the third or succeeding ballot, the President shall decide by a casting vote."

After eighth paragraph, insert a new paragraph as follows:—"The Librarian shall receive and preserve all the property in books, pamphlets, journals, and manuscripts presented to or acquired by the Association, record their title in a book prepared for the purpose, acknowledge the receipt of the same, and he shall also be a member of the Committee of Publication."

V. STANDING COMMITTEES.

In second paragraph, second line, insert after the word "members" the words "of whom the Assistant-Secretary shall be one."

In third paragraph, first line, strike out the word "and." In second line, after the word "Treasurer," read "and Librarian."

VI. FUNDS AND APPROPRIATIONS.

In first paragraph, fifth line, insert after the word "the" the words "delegates and permanent." In the same line, strike out the word "individual."

VII. PROVISION FOR AMENDMENT.

In the first paragraph, fourth line, strike out the word "members," and insert the word "delegates."

BY-LAWS—III. STANDING COMMITTEES.

In second paragraph, ninth line, strike out all after the word "resolution."

In third paragraph, fourth line, after the word "receive" insert the word "original." In same line, after the word "any," insert the word "medical."

In third paragraph, eleventh line, strike out the word "volunteer," and insert the word "original."

In sixth paragraph, second line, after the word "State," insert "and Territory." In fourth line, strike out the words "our country," and insert the words "their respective States and Territories." In same line, strike out all after the word "and," and insert the words "shall transmit them to the Chairman of this committee, on or before the first of April of each and every year."

V. ASSESSMENTS.

In fourth line, strike out the word "the," and in same line all after the word "expenses" to the end of the sentence.

In second paragraph, first line, strike out all after the word "invitation," and insert the following sentences:—"Permanent members not in attendance will transmit their dues to the Treasurer. Any permanent member who shall fail to pay his annual dues for three successive years, unless absent from the country, shall be dropped from the roll of permanent members."

On motion of Dr. Davis, of Illinois, the amendment was amended as follows:—"After having been notified by the Secretary of the forfeiture of their membership."

The amendment was adopted as amended.

The following were adopted as read:—

VII. DELEGATES TO FOREIGN MEDICAL SOCIETIES.

In first paragraph, fourth line, after the word "Europe," insert the words "or other foreign countries."

X. OF THE PREVIOUS QUESTION.

When the previous question is demanded, it shall take at least twenty members to second it; and when the main question

is put under force of the previous question and negatived, the question shall remain under consideration, the same as if the previous question had not been enforced.

A recess was taken to allow the selection of members of the Committee of Nominations.

On reassembling, the Permanent-Secretary announced the following as the Committee on Nominations:—

New York—J. C. Smith.
Delaware—H. F. Askew.
Pennsylvania—A. M. Pollack.
Kentucky—H. M. Skillman.
Tennessee—J. B. Lindsley.
Mississippi—W. Y. Gadbury.
Alabama—J. Cochran.
Ohio—John Townsend.
Indiana—B. S. Woodworth.
Illinois—T. D. Fitch.
Wisconsin—H. Van Dusen.
Missouri—J. S. Moore.
Michigan—J. B. White.
Georgia—R. D. Arnold.
Louisiana—S. Logan.
Texas—S. M. Welch.
Minnesota—C. N. Hewitt.
Arkansas—R. G. Jennings.
West Virginia—W. J. Bates.
Rhode Island—G. L. Collins.
District of Columbia—L. W. Ritchie.
United States Army—J. J. Woodward.
United States Navy—F. E. Potter.

Dr. Chaille, of Louisiana, submitted a proposition for a common medical nomenclature in the United States, taking as a model an official publication on the subject by the Royal College of Physicians of London, and offered the following resolutions, which were adopted:—

Resolved, That a committee of five be appointed by the Presi-

dent, to report, as soon as practicable, to the present session of this Association, the following:—

1. The propriety of adopting and using its influence to have adopted, by the entire medical profession in the United States, the provisional "Nomenclature of Diseases of the Royal College of Physicians."

2. On the practicability of having this nomenclature published in such manner as may render it easily and cheaply accessible to every member of the profession.

3. To recommend such other practical measures for the action of this Association as may be necessary to introduce this nomenclature into official (military, naval, etc.) and general use.

The Chair appointed the following gentlemen as the committee:—Drs. Woodward, U. S. A., Heustis, of Alabama, F. G. Smith, of Pennsylvania, and Chaille, of Louisiana.

Dr. Cochran, of Alabama, offered the following amendments, which were laid over under the rules:—

1. Section 2, paragraph 1—That the clause "as members by invitation" be stricken out.

2. That the second paragraph be stricken out.

3. That of paragraph fourth, all shall be stricken out except the first sentence.

4. That paragraph seven, of "members by invitation," be stricken out.

The reports of the Committee of Publication and the Treasurer were read, accepted, and referred to the Committee of Publication.

On motion the Committee on Nominations were permitted to retire for consultation.

The special order for 12 o'clock being the Report on Specialists, it was read by the Secretary; and, on motion of Dr. Sayre, the resolutions were adopted, and the report referred to the Committee of Publication.

Dr. L. P. Yandell, Jr., of Kentucky, offered the following, which was adopted:—

Resolved, That private handbills addressed to members of the

medical profession, or by cards in medical journals, calling the attention of professional brethren to themselves as specialists, be declared in violation of the Code of Ethics of the American Medical Association.

The special order for 1 o'clock being the Report on American Medical Library, Dr. Toner, Chairman read the report.

After some discussion, on motion of Dr. Hibberd, of Indiana, the report was accepted.

Dr. Davis, of Illinois, offered the following resolutions:—

Resolved, That the proposition of the Librarian of the Congressional Library be accepted.

Resolved, That a committee of one be appointed, residing at Washington, to render the Librarian of Congress such assistance as the interests of the Association may require.

Adopted.

Report on Medical Education presented, and, on motion of Dr. Hibberd, of Indiana, it was made the special order for 10 o'clock to-morrow.

Report on Prize Essays reported:—

The undersigned, appointed Committee on Prize Essays, at the session of 1868, respectfully report:—

They have received but two essays—one upon "The Physiological Effects and Therapeutical Uses of Atropia and its Salts;" the other upon "Quinine as a Therapeutic Agent." They agree to present both of these essays to the Association, and to recommend the award of a prize of one hundred dollars to each of them.

S. M. BEMISS, Chairman,
C. BEARD, M.D.,
JOSEPH T. SCOTT, M.D.,
S. A. SMITH.

The Secretary broke the seals and announced that Dr. S. S. Herrick, of New Orleans, was the author of the paper on quinine, and Dr. Roberts Bartholow, of Cincinnati, was the author of that on atropia.

On motion of Dr. Davis, the Sections were authorized to meet at 3½ P.M. in place of 3.

Remarks upon certain points referring to success in the operation of vesico-vaginal fistula, by M. Schuppert, M.D., of New Orleans, Louisiana.

Referred to Section on Obstetrics.

Dr. Booth, of Mississippi, offered the following preamble and resolution:—

Resolved, That the proper construction of Art. 4, Sec. 1, Code of Ethics, A. M. A., having been called for, relative to consultation with irregular practitioners, who are graduates of regular schools;

Resolved, That said Art. 4, Sec. 1, Code of Ethics, A. M. A., excludes all such practitioners from recognition by the regular profession.

On motion, the Convention adjourned until Thursday, at 9 A.M.

THIRD DAY'S PROCEEDINGS.

Dr. Baldwin, President, in the Chair. Dr. S. M. Bemiss, and Dr. Mendenhall, Vice-Presidents.

Reading of the minutes was dispensed with.

Dr. Parvin reported from the Committee on President's Address, as follows:—

We cannot refrain, before entering upon the consideration of the plan recommended by the President for the improvement of medical education, gladly expressing our high appreciation of the general tone of his address, of the broad and catholic spirit which pervades it, finding expression in earnest and eloquent words; in brief, we believe the address worthy the perusal of every member of the profession, in that it was worthy the memorable occasion, and is worthy the annals of medicine.

On the other hand, we cannot refrain—with sadness be it said—from acknowledging the truth of the terrible allegations made against the present condition of medical education, and the little success attending the efforts for improvements in such connection, made during a score of years.

The special recommendation made by the President is in these words:—

“I would advise that we appoint a committee of our wisest

and best men, to digest a plan for one or more national medical schools, and to memorialize Congress on behalf of the enterprise. Let the plan embrace as a basis the features presented by the Cincinnati Convention of Teachers; let these schools or universities confer such distinctions and privileges as will be proportionate to the superiority they demand, and such as will make the attainment of their diploma an object of the ambition of those who engage in the study of medicine; let the choice be open to all aspirants, and the appointment or election of professors so guarded as to secure the very highest talent, the most profound learning, with the most fully demonstrated capacity for teaching. Make the salaries of the professors large, and not to depend upon the number of students; and let the Federal Government assume a proper share of the expenses incurred."

Your committee express their hearty approval of this general plan, but suggest that the effort at first should be for the establishment of but a single school, as more feasible; and beside, one such institution would be a model which other medical colleges might in time be induced to imitate in extent, duration, and thoroughness of teaching, in rigidity of requirements for the degree of M.D.

We likewise desire to say that when the details of this general plan are thrown into form, there should be the amplest security against the places and the power of such a medical college as designed ever falling into the hands of politicians, or the proteges of politicians. Medicine is higher than politics—broader than political creeds and party platforms.

In conclusion, your committee reiterate the recommendation of the President as to the appointment of a committee for the special purpose referred to.

Drs. Parvin, Welch, Seely, Toner, and Pollock, committee.

Dr. Hibberd moved acceptance, was adopted, and, on the proposition of Dr. Davis, the committee was ordered to consist of five. The President appointed Dr. N. S. Davis, of Illinois; Dr. F. G. Smith, of Pennsylvania; Dr. D. H. Storer, of Massachusetts; Dr. E. S. Gaillard, of Kentucky; and Dr. Joseph Jones, of Louisiana.

On motion of Dr. Davis, Dr. W. O. Baldwin was added to the Committee.

Dr. Palmer, of Michigan, submitted the following amendments to the by-laws, which were adopted:—

Amend Section 11 of by-laws, by inserting in place of the clause after "6 Psychology," "each section, etc.," these words:—"The President and Secretary of the several Sections shall, like other officers of the Association, be nominated by the Special Committee of one member from each State represented at the meeting, and elected by a vote on general ticket. They shall hold their office until the close of the proper business of the annual meeting next succeeding their election, and until their successors are appointed.

Modify next paragraph appropriate to the several sections; in order to secure consideration and action, must be sent to the Secretary of the appropriate Section, at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care, and, with the advice of his Section, to determine the time and order of their presentation, and give due notice of the same; and after their full examination and discussion by the Section, they shall be sent to the Permanent-Secretary of the Association.

Papers presented directly to the Association, and other matters, may, at the discretion of the Association, be referred to the various sections for their consideration and report.

The President appointed as delegates to the British Medical Association:—

Dr. N. Pinckney, U. S. N.; R. R. McIlvain, Ohio; J. F. Hibberd, Indiana; B. Lindsley, D. C.; G. C. Blackman, Ohio.

To the Canadian Medical Association:—

Dr. Alden March, Albany, N. Y.

To the Committee on Ethics was appointed:—

Dr. Sayre, N. Y.; Toner, D. C.; Askew, Del.; Arnold, Ga.; McCluskey, Ala.

Dr. Hibberd presented handbill put out by Dr. J. B. Buchtil, of Terre Haute, Indiana, and charged irregular practice in this

conduct. Paper was read and referred to the Committee on Ethics.

Dr. Davis presented the following from the Association of American Medical Editors:—

TO THE AMERICAN MEDICAL ASSOCIATION:—I have been instructed to announce to your honorable body that those members of your Association in attendance on this annual meeting who are editors of medical periodicals, after proper consultation, have effected a permanent organization with the title of "The Association of American Medical Editors." The objects of this organization are the cultivation of friendly relations, mutual assistance, community of effort and views, where possible, in a system of receiving foreign exchanges, and sending our own journals abroad, concert of action in support of improvements in the present system of medical education, and of a higher standard of preliminary attainments for those who propose to enter upon the study of medicine, in proposing laws for the proper registration of births, marriages, and deaths, in collecting the names of all the regular practitioners in the several states, and in promoting generally the value and efficiency of our periodical medical literature. The Association thus formed is to hold its annual sessions on the day preceding the annual meetings of this body, and in the same localities. Dr. Mitchell, of New Orleans, is the Permanent-Secretary, and Dr. J. B. Lindsley, of Nashville, Tenn., the Assistant-Secretary. Congratulating your honorable body on the establishment of another organized power within the ranks of your noble profession, I remain, yours most truly,

N. S. DAVIS, *Editor,*

President of Association of American Medical Editors.

Referred to Committee on Publications.

The Secretary presented a paper from Dr. Walsh, of Georgia, referring to the action of the Georgia Medical Society in his case. Referred to Committee on Ethics.

Dr. Gaillard, of Kentucky, explained the Kentucky troubles. No action.

Dr. Parvin read report of Dr. J. C. Reeves, on Medical Edu-

cation, which had been made special order for 10 o'clock A.M. Adopted, and referred to Committee on Publications.

Dr. McPheeters, of Missouri, offered a resolution that no speech should be longer than ten minutes. Adopted.

The Committee on Nominations—Dr. J. J. Woodward, U. S. N., President—reported the following names:—

REPORT OF THE NOMINATING COMMITTEE.

NEW ORLEANS, La., *May 6th, 1869.*

The Committee on Nominations unanimously report as follows:—

For President—George Mendenhall, Ohio.

For Vice-Presidents—Warren Stone, La.; Lewis A. Sayre, N.Y.; F. Gurney Smith, Penn.; John S. Moore, Mo.

For Assistant-Secretary—Wm. Lee, D. C.

For Treasurer—Caspar Wister, Penn.

For Librarian—Robert Reyburn, D. C.

Committee of Arrangements—Thomas Antisell, Chairman; Robert Reyburn, C. M. Ford, L. W. Ritchie, W. J. C. Duhamel, D. R. Hayner, C. F. Nally.

Committee of Publication—F. Gurney Smith, Pa., Chairman; W. B. Atkinson, Pa.; A. J. Semmes, Ga.; Robt. Reyburn, D. C.; Caspar Wister, Pa.; H. F. Askew, Del.; Wm. Maybury, Pa.

Committee on Medical Literature—J. J. Woodward, U. S. A., Chairman; W. H. Anderson, Ala.; Theophilus Parvin, Ind.; Hosmer A. Johnson, Ill.; C. W. Parsons, R. I.

Committee on Prize Essays—Grafton Tyler, D. C., Chairman; N. R. Lincoln, D. C.; N. R. Smith, Md.; G. W. Miltenberger, Md.; W. R. Dunbar, Md.

Committee on Epidemics—Add the following to fill vacancies:—J. K. Bartlett, Wis.; J. B. Jackson, Ky.

Committee on Education—T. G. Richardson, La., Chairman; E. W. Jenks, Mich.; E. S. Gaillard, Ky.; W. M. McPheeters, Mo.

Time for meeting, in Washington, first Tuesday in May, 1870.

J. J. WOODWARD, U. S. A., *Chairman.*

The report was unanimously adopted.

Dr. Herrick, Louisiana, offered amendment to Code of Ethics, on the duties of physicians to each other and the profession at large.

ART. I. DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER—PROPOSED AMENDMENT—ADDITIONAL SECTION.

SECTION 5. The spirit of trade and of gain from merchandise should by all means be dissociated from the practice of a liberal profession; and it is important that practitioners should not allow their pecuniary interests to compromise their duties to their patients. Therefore, in cities and other communities where the services of competent apothecaries can conveniently be obtained, physicians should resign to them the whole business and profits of dispensing medicines.

Laid over to next yearly session.

Dr. Davis offered a report on various propositions and communications from medical societies, which was adopted and referred to Committee on Publication.

Dr. Davis offered the following:—

Resolved, That a special committee of three be appointed by the President, to present copies of the resolutions adopted, to the several State Medical Societies, at as early a period as possible. Adopted.

The President appointed as such Committee Drs. N. S. Davis, of Ill., J. S. Wetherly, of Ala., and J. M. Toner, of D. C.

Dr. Chaille, of Louisiana, Chairman of committee, presented a report on Medical Nomenclature, which was received and adopted, and referred to Committee on Publication.

The Committee on the Nomenclature of Diseases have the honor to report that it has examined the "Provisional Nomenclature of the Royal College of Physicians," of London, and is of the opinion that it is desirable for this Association to recommend and adopt the same for general use in this country, with such modifications as, on deliberate consideration, may appear to be necessary. The following resolutions are, therefore, submitted:—

1. *Resolved*, that a special committee of fifteen be appointed

by the President to take this subject into deliberate consideration, and to report at the next annual session what alterations, if any, are necessary to adapt the proposed nomenclature to general use in the United States.

2. That this committee be authorized to fill up any vacancies which may occur upon it.

3. That the Committee on Publications be authorized to publish, for general distribution, one thousand copies of the English and Latin portions of this nomenclature, under the designation of the "Proposed Nomenclature," prefacing the same with such remarks as may be deemed necessary to secure the criticism and coöperation of as large a number of the American medical men as practicable.

4. That the committee hereby appointed be directed to draw the attention of the Surgeon-General of the army, of the Chief of Bureau of Medicine and Surgery of the navy, and of the Superintendent of the Census, to the question of their official adoption of the proposed nomenclature; to invite them to appoint whom they see fit to represent them on this committee; and to solicit such coöperation as may be necessary to accomplish the purpose desired, *viz.*: the final adoption of such nomenclature and classification as will receive the conjoint approval of the official medical bureaus of the Government and of the general profession.

Committee—S. E. CHAILLE, Louisiana; J. J. WOODWARD, United States Army; A. B. PALMER, Michigan; F. G. SMITH, Pennsylvania; J. F. HEUSTIS, Alabama.

The following committee of fifteen was appointed:—

Francis G. Smith, Chairman; J. J. Woodward, U. S. A.; R. F. Michel, Alabama; A. B. Palmer, Michigan; S. E. Chaille, Louisiana; L. P. Yandell, Jr., Kentucky; Austin Flint, New York; Alonzo Clark, New York; Geo. B. Wood, Pennsylvania; S. H. Dickson, Pennsylvania; E. Jarvis, Massachusetts; Theo. Parvin, Indiana; W. M. McPheeters, Missouri; E. M. Snow, Rhode Island; N. Pinkney, U. S. N.

Capt. Neal, of the steamer Richmond, invited the members to take an excursion at 5 P.M.

On motion of Dr. Garrish, of New York, thanks were tendered to Capt. Neal.

Dr. Garrish, New York, offered a vote of thanks to the N. O., J., and G. N. R. R., for agreement to pass members back free. Adopted.

Dr. Gaillard, Kentucky, offered the following, with preliminary remarks:—

Resolved, That the adoption of a uniform rate of collegiate fees—\$120 being the minimum—be accepted as the sentiment and desire of this Association.

Dr. Logan, of Alabama, moved to amend by inserting \$140. After considerable discussion, the fees were placed at \$120.

Special Committee on the Relative Advantages of Syme's and Pirogoff's mode of Amputating at the Ankle.—Dr. G. A. Otis, U. S. A., Chairman; Dr. J. D. Holloway, of Louisville, Kentucky.

Proposed by J. J. Woodward. Approved.

Dr. Bemiss presented from Dr. John Waters, of St. Louis, Mo., a paper on "The Doctrines of Force—Physical and Vital."

Dr. A. M. Pollock, of Pennsylvania, presented this amendment to the constitution:—

Resolved, That all County Medical Societies shall be required to elect a committee annually, whose duty it shall be to examine all applicants for admission as students under the tuition of its members; and that no member of any county medical society shall receive any such applicant, until such applicant shall present a certificate from said committee, testifying that he has a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage.

Laid over under the rules.

Dr. Toner, D. C., moved that a committee on variola be appointed—Dr. Jos. Jones, Chairman. Adopted.

Dr. Pinckney, U. S. N., made statements concerning relative grades of rank. The paper was ordered to be spread on the minutes.

Association adjourned, to meet at 9 o'clock A.M., Friday, May 7th.

FOURTH DAY'S PROCEEDINGS.

The Association met at 9 o'clock, Dr. Baldwin in the Chair.
Reading of the minutes omitted.

In yesterday's report the paragraph which defines the rates of fees in medical colleges is corrected so as to read that "the adoption of a uniform rate of collegiate fees—120 dollars being the minimum—be accepted as the sentiment and desire of the Association."

Dr. Joseph Jones, Louisiana, presented a number of specimens of pathology, anatomy, and natural history. The explanations were very interesting, and received with applause.

On Motion of Dr. Garrish, Kentucky, the thanks of the Association were tendered to Dr. Jones.

The following delegates were appointed to foreign Medical Societies:—

To the Canadian Medical Association:—H. F. Askew, Del.; R. Miller, Alabama; J. M. Bush, Kentucky; N. S. Davis, Ill.; Riggs, Alabama.

To the International Medical Association:—Dr. W. J. C. Duhamel, District of Columbia; Jos. Berney, Alabama; E. L. Jones, New York; B. F. Dawson, New York; Joseph Jones, New Orleans.

To the British Medical Association:—F. A. Ross, Alabama.

Delegate to Association of Superintendent of Insane:—Robert Reyburn, District of Columbia.

On motion of Dr. F. G. Smith, of Pennsylvania, the following resolution was unanimously adopted by a vote of the members present, standing as a mark of respect:—

Resolved, That the thanks of this "Association" are justly due and are hereby tendered to the President for the uniform kindness and courtesy with which he has presided over its deliberations, and to the Committee of Arrangements, the physicians and citizens of New Orleans, for the generous hospitality and fraternal kindness with which we have been received and treated during our sojourn in their city, with the assurance that

the memories of this visit will always be among the brightest and most enduring of our lives.

Resolved, That we also present our thanks to the various railroad and steamboat companies who have so liberally extended to us facilities of transportation, and to the daily press for their efficient aid in reporting the proceedings of this meeting.

On motion of J. P. Moore, of Mississippi, the following preamble and resolutions were adopted:—

Whereas, The contract system is contrary to medical ethics.

Resolved, That all contract physicians, as well as those guilty of bidding for practice, at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners.

The following reports of the Sections followed:—

Section on Meteorology, Medical Topography, and Epidemics reported.—Paper accepted and referred to Committee on Publications.

Sections on Practical Medicine and Obstetrics reported and were accepted, and referred to Committee on Publications.

And the report on Training of Nurses was accepted, and the resolutions adopted.

Section on Medical Jurisprudence, Hygiene, and Physiology reported. Committee continued for next year. Report accepted, and referred to Committee on Publications.

Section on Surgery proposed that their report be received without formality and be referred to the Committee on Publications. Adopted.

After being read the report was accepted and ordered to be published.

Section on Psychology, the same disposition.

The President appointed Dr. J. M. Toner a committee of one, at Washington, D. C., to assist the Librarian of Congress to keep the books of the Association.

On motion for adjournment, the President delivered an address, which was unanimously accepted and ordered to be published in the transactions of the Association.

GENTLEMEN:—Before I submit the motion just made, and which, when adopted, will practically close my official relations to this body, allow me to return you my most cordial and grateful thanks for the unvarying kindness which I have received at your hands. Whatever my future lot in life may be, the world holds no honors which to me can equal those conferred by you. The fraternal good-will which has so conspicuously marked your deliberations has been to me a matter of infinite satisfaction and pride, and will not be the least among the grateful memories which will gladden my heart as I may hereafter review the incidents of my official connection with you.

To win your judgment and approval, to hold up the dignity of fellowship, the usefulness of association, and the interest and prosperity of the profession at large have certainly occupied my most anxious thoughts since my elevation to this position; yet to cherish and promote the intimate and cordial relations of friendship between the individual members of this Association against all sectional distinctions or geographical lines, has also been among the chief objects of my ambition, and the earnest desires of my heart. Could I now believe that my efforts have contributed in the slightest degree to enlarging that harmony of sentiment and fraternal feeling which has been so apparent throughout this meeting, I should feel that I had commenced at least to make some return for the great honor and kindness received at your hands.

It now only remains for me, gentlemen, to again express to you my thanks, to wish you a safe return to your homes and labors, a happy reunion with your friends and families, and to pronounce that sad word over which the heart of friendship would fain linger, as I bid you an affectionate *farewell*.

W. O. BALDWIN,
President A. M. A.

The Convention adjourned to meet in Washington, D. C., second Tuesday in May, 1870.

Selections.

TRANSACTIONS OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON.

In accordance with the desire of several medical men of Boston and its vicinity, who had previously consulted upon the subject, a meeting was held on January 22d, 1869, for the purpose of establishing a Gynæcological Society, the first, so far as can be ascertained, of its kind in this country.

The meeting having been organized, Dr. Storer presented the arguments that had influenced the members to found the new Society. They were the following:—

1. That such a Society seems needed, in order to stimulate its members and the profession generally to a deeper sense of the importance of the diseases peculiar to women, and by the combination of individual effort to advance their knowledge of the causation, the pathology, and, still more, of the therapeutics of the lesions.

2. That it would do what can in no sense be just as well effected by other organizations already in existence. What is for everybody's interest is very apt to be done by no one. At a general medical and surgical society, there is not to be expected that intensity and focalization of scientific interest regarding special points which is necessary to advance the confines of a comparatively new science, which term Gynæcology must be confessed already to deserve.

3. That there can be no doubt that the special diseases of women comprise a vast variety of disturbances, direct and reflex, much of which is but partially understood or entirely unknown.

4. That these disturbances are of extreme importance, not merely to the individual sufferer, but with reference to her relations to her family and to society.

5. That their importance, their variety, and their frequency are but partially appreciated by the profession, and still less by the community.

6. That not merely is this statement true of great numbers of imperfectly educated physicians, but it is also true of many gentlemen of acknowledged skill as general practitioners, who have either lacked opportunity to perfect themselves in a knowl-

edge of these diseases, or through an excessive conservatism have hesitated to acknowledge their existence.

7. That the marked advance of gynæcological science and art within the past twenty-five years, gives reasonable promise of a still more rapid progress in time to come.

8. That so far from its being a disgrace to a physician to be interested in uterine diseases, it should rather be considered, if he is known to have been thoroughly educated in general practice, an honor. As with the diseases of special sense, the eye and the ear for instance, the diseases of the throat and the chest, and of the mind, so here, all treatment must rest upon general principles;—and all methods of diagnosis, as all procedures of practice, not upon guesswork, but upon science and common sense.

9. That many of the great improvements that have been made have been American,—as the first successful performance of ovariectomy by McDowell; the suggestion of the rational treatment of vesico-vaginal fistula by Marion Sims; and of flexions of the uterus by Emmet;—American gynæcologists have already secured for the country a preëminent position in the world of science; it is for the members of this and kindred societies to make the position the more permanent.

10. And were there no other reason, the fact that every man owes to woman for her love in his infancy, in his childhood, and in his manhood, a debt that no devotion can ever repay; and when as physicians we reflect that her special diseases are manifold more in number, worse in severity, and more dangerous to physical and mental integrity than any affliction we ourselves are called to suffer, we should offer no less a sacrifice to the other sex than a life's work.

These arguments were commented upon approvingly by the gentlemen present, and it was furthermore decided,

11. That as the diseases of women are in great measure capable of being discovered and demonstrated, the same degree of disgrace should attach to physicians prescribing at random for married women complaining of pelvic symptoms, as to those who would do this in the case of diseases of the throat or eye, or who unjustifiably lengthen a patient's treatment for the sake of a larger fee.

12. That as in attending upon childbed all impurity of thought, and even the mental appreciation of a difference in sex are lost by the physician, and an imputation of them would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her at-

tendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental and physical disturbance temporarily induced even by healthy menstruation, women, the best of nurses, are unfitted to practise medicine and surgery, in any of their departments, with as much benefit to their patients or as successfully as men; and,

13. That as it is the duty of every searcher for truth to impart what he may find to his fellow-men, so it is incumbent upon the members of this Society to endeavor in every honorable way to exert an educative and persuasive influence upon the profession at large.

The constitution and by-laws were then adopted. They state the purpose of the society to be the advancement of gynæc science and art, and their due recognition, both in Boston and throughout the country; and recognize as the code of ethics that of the American Medical Association.

DR. H. B. STORER presented to the Society a masked patient concerning whom he desired advice, the case being one of
OBSTINATE EROTOMANIA.

The history was as follows:—

Age of the patient, 50; American, unmarried, and from the country. Climacteric passed several years since; previous to which time, and subsequently, the general health has been good. At twenty-five, coitus was once indulged in with the overseer of a mill, at which many foreigners were employed; and upon the remembrance of this the patient has lived. The mental and physical condition are both peculiar. There is action and reason—and the question is to decide whether the brain here chiefly affects the genitals, the genitals the brain, or each the other. There has for many years existed a troublesome pruritus, and a constant twitching of the clitoridal region, analogous, apparently, to that of the infra-orbital muscles occasionally noticed. These have been attended by an inordinate longing for the other sex, and a frequent indulgence in masturbation. In addition to these appetites, under the circumstances not at all unusual, there exists a remarkable delusion. The patient thinks that the knowledge of her fault, committed so many years ago, has been communicated backwards and forwards among the Irish throughout the country, so that every man or woman of that nation whom she meets seems by word

or by deed to be taunting her. If she hears an Irishman say to his comrade, "It's very hot to-day," she imagines that he applies the expression to her; if he says that "It's very cold," he is upbraiding her for an indifference that she endeavors in vain to attain. So that every person of the kind whom she meets starts, through her morbid self-consciousness and remorse, the old disordered train of ideas, and these, reflexly and always, kindle the vulval congestion, which almost inevitably culminates in orgasm.

Before the patient consulted Dr. S., her clitoris had been excised at Chicopee; no benefit being obtained. After the employment of every local sedative he could think of, borax, tobacco, morphia in lotion and by hypodermic injection, hydrocyanic acid, acetate of lead, the vapor of chloroform, etc., etc., and a corresponding appeal to antiprophrodisiacs, exhibited by the mouth, as bromide of potassium up to an hundred-grain doses, etc., etc., without avail, Dr. Storer quieted the pruritus by superficial vesication with a saturated aqueous solution of carbolic acid. The muscular twitching still remained. There was no clitoris left to excise, even if Dr. S. had believed in the efficacy of Mr. Baker Brown's treatment, which, from its unsuccessful employment at his hands in other cases, he did not. He had resorted to an operation which might be a novel one: by passing, with a curved needle, ligatures beneath the crura clitoridis, and down against the pubic arch, at a distance from each other of nearly half an inch, and allowing these to slough out, he had divided, so far as seemed possible, all nervous communication with the affected part. Relief, however, had been but partial. The actual cautery and cantharidal collodion had each given temporary quiet, but the symptoms returned. The vagina, urethra, and bladder had been carefully examined, but nothing abnormal could be found. The uterus seemed perfectly healthy, as small and supple as in a virgin who had passed the climacteric, and not at all displaced. To make assurance doubly sure, and to get, if possible, a reflex effect, the acid nitrate of mercury was applied without and within the uterine cervix. No clitoridal response of any kind was elicited.

The rectum was searched for ascarides—none were found—some small hemorrhoids were excised, and the sphincter aniruptured by forcible dilatation, but the twitching continued as badly as ever. The liver was appealed to in vain, and in vain had blisters been put behind the ears. In desperation, Dr. S. had jokingly said to the patient he believed he should have to sew up her vulva closely, and, now, here was the wo-

man daily begging him to do so, or end her misery by putting an end to her existence. He had little doubt, from the history of the case, that the mental disturbance was in part, at any rate, of pelvic causation, however much the local irritation existing at present was dependent upon the former; and he had little faith that the ordinary moral treatment relied upon in insane asylums for female patients would do this woman any good. He had not as yet iced the spine; and was about inserting a seton in the nucha. He was loath to throw the case aside, if there were any reasonable ground of treatment remaining to be tried; he therefore appealed to the society for aid.

Dr. Wheeler, of Chelsea, after carefully examining the case, remarked, that it was certainly a very unusual and interesting one. He had no doubt in his own mind that in very many instances of insanity in women a cure was possible, and could only be obtained by local treatment. In such a case as that now presented, this must necessarily be often empirical; yet, under the circumstances, such was both justifiable and advisable, and should be long persisted in.

Drs. Warner, Bixby, and Dutton had each seen the case with Dr. Storer, and had studied many details of the treatment.

Dr. Field, of Newton Corners, stated that here we had an instance of the conflict so often observed by physicians between what is demanded by deference to public morality, and what seems required for a patient's health. If this woman could go masked as she is at the present moment to a house of prostitution, and spend every night for a fortnight at sexual hard labor, it might prove her salvation; such a course, however, the physician cannot advise. And so with masturbation. In a case like the present, its indulgence may be a means of getting temporary relief from a local fret, whose influence upon the mind, if not thus relieved, might prove more disastrous.

Dr. Sharp suggested the employment of galvanism, especially by faradization, and of an appeal, in succession, to the various regions of the spinal cord. These had not as yet been resorted to; it was possible their use might yet solve the problem.

The Society then adjourned.—*American Jour. of Obstetrics.*

MEDICAL VACANCIES IN THE REGULAR ARMY.—At the date of the Surgeon-General's report (October 20th, 1868), there were forty-nine vacancies in the grade of assistant-surgeon.—*The Medical Record.*

REFLEX IRRITATION FROM THE RECTUM AS A
CAUSE OF SOME AFFECTIONS OF THE UTERUS.

BY J. C. NOTT, M.D., NEW YORK.

(Read before the New York Obstetrical Society.)

That dysmenorrhœa, amenorrhœa, menorrhagia, irritable uterus, engorgement of this organ, versions, flexions, prolapse, etc., are occasional results of reflex irritation, emanating from the rectum, will be conceded by the experienced practitioner; but my observation would lead me to believe that such cases are far more common than the profession is generally willing to acknowledge.

I have seen many examples of this kind, and am just now concluding the treatment of two typical cases, which have been under my care for three months. The cases are of equal interest, and either one would serve well to illustrate the positions I shall take; but I select that of Mrs. C., for the reason that Dr. J. Marion Sims saw it with me several times, was much interested in its history, and can vouch for the correctness of my statements.

The subject was a lady from the South, moving in the best society, aged thirty-seven, fair skinned, blue eyes, very handsome and intelligent, the mother of six children, and had lost her husband two years ago. She was robust, her labors had been very easy, and she never had any illness until after an abortion at three months, which occurred about three years ago. I should except hemorrhoids, which had been more or less an annoyance to her ever since the birth of her first child, fourteen years ago.

On the third day after the abortion, she started on a journey of one hundred miles, and was near flooding to death on the way. She apparently recovered well from this, and became robust again, having no trouble about the uterus until within the last twelve months, during which time her hemorrhoids have become worse, and during the same time she has complained a good deal of dysmenorrhœa.

During the summer of 1868, her symptoms gradually became more aggravated, and when I was called to see her about 1st September, she was confined to her room, and had not been out of the house for two months. The symptoms presented to me on full examination were as follows:—

Nervous system much deranged; neuralgic pains in back, in

and around pelvis, face, and neck; no appearance of injection in coats of eye, but photophobia and inability to read; dyspeptic and without appetite; inability to sleep much, principally from pelvic pains.

The *rectum* presented, on examination, three external and two internal hemorrhoids, but no ulcer or fissure was discovered. There was, however, morbid contraction of the sphincter, and the introduction of the finger was very painful, and defecation was excessively so, both during and for an hour or two after the act. She complained also of excessive constipation, and never had a passage without an enema or purgative; but the subsequent history proves that what she termed constipation was the result of the morbid condition of the rectum and spasm of sphincter. The *fæces* sometimes collected for several days, became very hard and impacted, and doubtless had some agency in producing the displacement of uterus described below. The hemorrhoids bled but little, and her condition was the reverse of *anæmia*. The tumors all protruded during defecation, and often produced much suffering.

The *uterus* was engorged, everywhere tender to the touch, particularly the fundus, and was strongly anteflexed. She had been suffering for the last twelve months with dysmenorrhœa, and at times very severely. Though flexed, I found the neck abundantly open. By drawing a little upon the os with a tenaculum, so as to straighten the bend, I passed a large sound in so easily as to lead me to believe that the dysmenorrhœa was caused by spasm of internal os, originating in reflex irritation from the rectum. The menstruation was but little disturbed in its quantity, quality, and periodicity. There was no leucorrhœa worth speaking of, but a slight erosion around the os uteri. The sound passed in about three inches, confirming the hypertrophy indicated by the touch.

The left *ovarium* had long been a prominent point of pain, and could be easily felt by bimanual palpation. It was extremely sensitive to the touch, and about double its normal size. It seemed to be so prominent a point of complaint, and our means for combating such affections so unsatisfactory, that Dr. Sims hinted strongly at the experiment of electrolysis.

All attempts at walking aggravated her symptoms, and it seemed that every nerve in and around the pelvis was in a super-sensitive state—pressure, even on the external surface of pubic bones, sometimes could not be borne. Having repeatedly seen similar trains of symptoms caused by diseases of the rectum, I determined, in the first place, to clear the hemorrhoids

out of the way and then stop, take an observation, and see what tack should next be taken. Another reason for beginning here, was the fact that it was really the most prominent point of suffering.

I accordingly removed the external tumors with scissors and ligatured the internal ones. Being exceedingly nervous, she suffered a good deal for thirty-six hours, and I was obliged to give opiates. The ligatures came away in five days, and the case progressed satisfactorily. The first evacuation on the third day was painful, but after this her so-called constipation disappeared, her discharges passed off freely and easily, and she was delighted at being relieved from her accustomed suffering.

As the case was likely to be tedious, and the lady was anxious to return as soon as possible to the South, I proposed a consultation with Dr. Marion Sims, hoping he could aid me in bringing the case to a speedy close. The rectum being relieved, we thought the next indication was the relief of the ante flexion; and I must state in this connection, what I have inadvertently omitted, *viz.*, that she suffered greatly from irritability of the bladder; she frequently had to get up eight or ten times during the night to urinate, and the urine was loaded with mucus (these symptoms I thought at the time were dependent solely on the pressure of the fundus of uterus upon the bladder, but this I now doubt, as both the bladder and uterus symptoms disappeared with irritation of the rectum.) We attempted to rectify the flexion by pessaries—Hodge's closed lever, Graily Hewitt's flexed lever, and the globe pessary were tried in turn, but so sensitive were the parts that we were compelled to abandon them all.

I then, with the hope at least of palliation of pains, fell back on another expedient which answered marvellously well, relieved all the disagreeable sensations, and enabled her at once to get up and take exercise with comfort. The following was the expedient alluded to—a soft, round sponge, about the size of a pullet's egg, was saturated with a solution of morphine and sulphite of soda and inserted into the vagina (℞ sulph. morphine, grs. v.; sulphite soda, ʒss.; aqua, Oj.)

This was worn through the night and directed to be renewed night and morning. When I called about noon the next day, I was delighted, and I may add surprised, to find her walking about the house in high spirits, after a good night's sleep, the first she had had for some time, and entirely free from pain.

The sponge prepared in the same way, and tepid vaginal

washes of salt and water, were continued for a month, during which time she had good nights, the bladder symptoms, the tenderness of the ovarium, the innumerable pelvic pains, the photophobia, the dyspepsia and loss of appetite all disappeared—she not only walked up and down stairs freely, but was out walking in the streets every day through this city and gained strength daily. At the end of a month the sponge was discontinued, the use of salt and water continued, and she has now for ten days more continued well.

It is worthy of especial remark that she has menstruated three times since the hemorrhoids were removed and without the slightest pain, showing clearly, I think, that the dysmenorrhea did not depend on the flexion, but upon the engorgement and spasmodic contraction of the internal os, caused by reflex irritation from the rectum.

The engorgement of the uterus has greatly diminished, but the flexion continues and will probably be permanent.

There is another point in the case of practical interest, that I would beg to fix attention on. She thought, as I did, that the rectum disease was permanently relieved by the removal of the hemorrhoids; but a month after the operation, and a few days before I commenced the use of medicated sponge, she commenced complaining smartly of her old constipation and pain in defecation. On examination I found a small unhealed spot at the seat of one of the piles that had been removed by ligature, and producing all the characteristic symptoms of fissure of the anus. I gave her chloroform, inserted my thumbs into the anus, and so forcibly dilated the sphincter as to feel its fibres distinctly break. Two days after she had a stool without pain and has had none since, now a month.

This is an occurrence I have noticed repeatedly, and particularly in irritable, nervous females. This little ulcer forms at the seat of the pile, produces all the symptoms of fissure, and is relieved by the same treatment.

Now I repeat that this case may be regarded as a typical one of a large class, and I think we may refer all the complications to reflex action emanating from the rectum.

The moral I draw from the above is this: Never treat uterine affections without inquiring minutely into the condition of the rectum. Hemorrhoids, small ulcers, irritability, spasmodic contraction of sphincter, etc., are common causes of affections of the uterus, as well as vaginismus and other affections of the vagina; coccydynia (a short paper on which I have before presented to the Society, and which appeared in the *American*

Journal of Obstetrics for November, 1868) is another fertile source of reflex irritation.

One word with regard to the use of the morphine and sulphite of soda. The objects in using the sulphite were two—First, it had gained some reputation as an application to inflamed surfaces; second, it is an antiseptic which would prevent the sponge from becoming foul. The indication for the morphine is clear enough, and although this application relieved the sensitive surface and nerves, is it at all probable that relief would have followed, had not the rectum—the fountain of irritation—been relieved? I deemed it important also to use the softest sponge that could be obtained.—*Am. Jour. of Obstetrics.*

Editorial.

ILLINOIS STATE MEDICAL SOCIETY.—The proceedings of the recent annual meeting of this Society must be deferred until the July number of the *EXAMINER*.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION AT NEW ORLEANS.—The record of proceedings of the recent annual meeting of this great national organization occupies so much space in the present number that our clinical matter and book notices are both crowded out. And, yet, our readers will get but a very imperfect idea of the work done by the Association during its recent session. Nearly all the scientific part of the work was done in the Sections, where many papers and reports were read and discussed, very much to the pleasure and profit of those in attendance. But of all these, nothing appears in the record of proceedings as published. We notice, also, that many of our cotemporary journals are publishing the record literally as it was reported in the New Orleans daily papers, and are consequently giving currency to some errors, especially in regard to committees. For instance, in several, the President, Dr. W. O. Baldwin, is represented as appointing himself at the head of the Committee on the establishment of "a National Medical College," while, the truth was, that after

he had announced the committee, his own name was added by a special vote of the Association. Again, in another part of the record, they represent the President as *adding to the Committee on Correspondence with Medical Societies*, Drs. Davis, Wetherly, and Toner; while the true reading should be, that the gentlemen named were appointed a committee, charged with the special duty of presenting to the several State medical societies a series of resolutions that had been already adopted by the Association. The recent meeting was one of the most pleasant and profitable that we have attended.

Dr. Baldwin presided with ability, and all the business of the Association was transacted with unusual harmony and facility. The hospitalities received were abundant, and of the most appropriate character. The week of our sojourn in the Crescent City will ever bring to mind only the most pleasant memories.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—In the present number of the EXAMINER, we publish the proceedings taken in the formation of a permanent organization of those connected with the medical press of our country.

The objects of the organization as set forth in the proceedings are important, and, if judiciously pursued, will lead to the most important results.

That mutually advantageous arrangements can be made by associated action, in reference to foreign exchanges, there can be no doubt. That annual meetings will be productive of more unity of action, and, consequently, greater influence, and far greater attention to some topics of permanent importance to the profession, is equally evident. The medical periodical press should be, not merely a medium for the dissemination of knowledge in the various departments of medical science, but it is preëminently the proper and only *efficient* medium through which to reach and influence the general sentiment of the profession, on all questions relating to medical education and medical ethics. It has often been said that many of the medical periodicals are published by and constitute simply the

organs of the faculties of particular medical colleges, and hence they cannot be relied on to expose abuses or to efficiently advocate independent measures of improvement. This may be true in some instances, but association and consort of action will do much to obviate that evil, and develop much more fully individual editorial responsibility and influence. Hence, we hope to meet, next May, in Washington, representatives from every regular medical periodical in our country. In the meantime, let our editorial brethren commence the work at once of discussing candidly, courteously, and thoroughly the all-important topic of medical education, in all its relations. If the honor and usefulness of the profession, as well as the nature of the medical sciences, require a fair degree of preliminary education and mental discipline, on the part of those who commence the study of medicine, let us not only say so, but let us continue to discuss the subject until some practicable method for accomplishing the object is actually adopted. What shall be the standard required? Shall its enforcement be required by the medical colleges, or by the private preceptor, through boards of censors, appointed by the local medical associations? These are the questions. If the lecture terms in our colleges, generally, are too short to permit an adequate course of instruction? if the system of giving heterogeneous instruction on all the branches of medical science and practise, to students in all stages of study in one class, is contrary to the dictates of common sense, and productive of many evils? and if the making of the college diploma a license to practise and a full admission into the profession tends directly and strongly to keep the competition and rivalry among the schools, on the basis of the shortest terms and smallest possible requirements for the degree? let the facts be kept constantly before the whole reading portion of the profession, until a united and enlightened sentiment devises and enforces the proper remedies. That the social status and usefulness of a great profession, embodying the highest attainments in science and the most humane objects, should be injured, year after year, and generation after genera-

tion, by manifest and acknowledged defects in its system of education, is simply puerile.

For us to continue listening to annual addresses of presiding officers of social organizations, whether state or national, and the reports of committees, reciting in glowing colors the defects, absurdities, and practical evils of such system, as we have been doing for twenty years past, without agreeing upon some practical measure of improvement and setting ourselves earnestly about the work of executing them, is to make ourselves the laughing-stock of all intelligent men. The only medium through which the great mass of the profession in all parts of the country can be reached is the medical periodical press. Let those having the editorial management of that press realise their responsibility and act accordingly.

ILLINOIS STATE MICROSCOPICAL SOCIETY.—A society with this title has been recently organized in this city, under a charter granted by the Legislature of the State. Its meetings thus far have given promise of great usefulness. Dr. W. W. Allport is the President, and James Hankey, Esq., is Corresponding-Secretary. We shall notice some of the doings of this Society more at length hereafter.

MEDICAL LAW.

THE State of Minnesota has shown a very commendable example to many of her older sisters in passing a law to protect her people from empiricism and imposition in the practice of medicine and surgery. The bill is so much to the point, and so commendable in its provisions as regards protection of the rights of legitimate medicine, that we give it entire, taking the occasion to commend it to the special attention of all parties concerned:—

SECTION 1. That it shall be unlawful for any person within the limits of said State, who has not attended at least two full courses of instruction, and graduated at some school of medicine within the United States, or of some foreign country, or who cannot produce a certificate of qualification from some State, district, or county medical society, and is not a person of a good moral character, to practise medicine in any of its departments, or perform any surgical operations for reward or

compensation, or attempt to practise medicine, or prescribe medicines, or perform any surgical operation for reward or compensation, within the said State of Minnesota.

SEC. 2. Any person living in the State of Minnesota, or any person coming into said State, who shall practise medicine, or attempt to practise medicine, in any of its departments, or perform, or attempt to perform, any surgical operation upon any person within the limits of said State, in violation of Sec. 1, of this Act, shall, upon conviction thereof, be fined not less than fifty dollars, nor more than one hundred dollars for such offence; and upon conviction for a second violation of this Act, shall, in addition to the above fine, be imprisoned in the County jail of the County in which such offence shall have been committed, for the term of thirty days; and in no case wherein this Act shall have been violated, shall any person so violating, receive a compensation for services rendered: *Provided*, nothing herein contained shall, in any way, be construed to apply to any person practising dentistry exclusively.

SEC. 3. No person who fails or neglects, on or before the first day of October, 1869, to file, in the office of the Clerk of the District Court of the County in which he resides or keeps his office, a sworn copy of the certificate or diploma of some school or college of medicine, that he has attended at least two full courses and graduated at such school, or a sworn copy of a certificate of qualification of some State, District, or County medical society, shall be permitted in any court of this State to sue for or recover any compensation for his services, advice, or attendance as a physician or surgeon; and the failure to file a sworn copy of such diploma or certificate, as above provided, shall be *prima facie* evidence that he has not attended or graduated at any school of medicine, or received a certificate of qualification from any State, District, or County medical society.

SEC. 4. Any person studying medicine with a preceptor, qualified as in this Act above provided, shall have three years from the commencement of his term of study to comply with the provisions of this Act.

SEC. 5. This Act shall take effect and be in force from and after the first day of October, 1869.

We are indebted to Dr. Samuel Wiley, of St. Paul, Minn., for the above copy of the bill. It was passed March 4th, 1869. —*The Medical Record.*

NOTE ON THE CURE OF ACUTE ORCHITIS IN TWENTY-FOUR HOURS.—By FURNEAX JORDAN, F.R.S., Surgeon to the Queen's

Hospital, Professor of Surgery at the Queen's College.—It is gratifying to me to know that Mr. Noble Smith has found "most satisfactory" results (*British Medical Journal*, Jan. 30th) from the treatment of acute orchitis which I described at Oxford. May I suggest that still better results may be obtained by using a solution of nitrate of silver and applying it *immediately* the cases present themselves?

In very acute cases, I add a little vesication over the femoral artery of the same side. This is the treatment, as seen in a severe double orchitis treated in my absence, and reported to me by a correct observer, our house-surgeon, Dr. Jolly. A man, aged 30, had intense pain, intolerable tenderness, and great swelling and induration in both testicles, and could not stand upright. The scrotum was covered with a solution of nitrate of silver (two drachms to an ounce); a stripe of vesication was established over the upper halves of both femoral arteries by means of linamentum iodidi; and the testicles supported with cotton-wool. He was well in 24 hours.

The treatment of orchitis is of more than ordinary importance, from the discovery by Dr. Marion Sims that closure of the vas deferens from acute orchitis is a common cause of sterility—often where the blame is laid to the wife.

The return of some urethral discharge is best removed, often in a few days, by maintaining, with iodine, a disc of milder counter irritation, the centre of the disk being the genital organs. On this principle I treat all inflammations of the genito-urinary organs, male and female; adding in the acute form a little vesication on the sheltered position of the femoral arteries.

The above treatment of orchitis is simply an illustration of a new system of treating all inflammatory diseases, and which I constantly adopt in all, with a success proportionately as great as in acute orchitis. A brief sketch of the system appears in the February *Practitioner*.—*British Med. Jour.*, and *New Orleans Jour. of Medicine*.—*N. Y. Medical Gazette*.

CREASOTE IN TYPHOID FEVER.—M. Pécholier, of Montpellier, has recently been conducting a series of interesting researches on the action of creasote in typhoid fever. Conceiving the disease to be one, *totius substantiæ*, depending on certain changes in the blood, caused by the action of an organized ferment, which draws from the blood the materials necessary for its nutrition, and exhales those thrown off by its decomposition, M. Pécholier has been led to employ creasote as an anti-

fermentive agent. Sixty patients at the Hôpital St. Eloi were chosen as the subjects of the experiment. Every day a draught containing three drops of creasote, two of essence of lime, ninety grammes of water, and thirty grammes of orange-flower water was administered to the patients. At the same time, enemata were given, containing from three to five drops of creasote. M. Pécholier states, as the result of his experiments, that creasote employed in weak doses, either in draughts, injections, or in the form of vapor, at the outset of typhoid fever, acts powerfully in diminishing the intensity of the disease, and shortening its duration. M. Pécholier adds that the employment of the remedy as a prophylactic agent in schools, garri- sons, hospitals, etc., during epidemics, would be of extreme effi- cacy.—*Lancet*.—*N. Y. Med. Gazette*.

SUBCUTANEOUS MEDICATION FOR SYPHILIS.—Dr. Max Van- Mons has reported in the Brussels Academy five cases of sec- ondary syphilis, with indurated chancres, treated by the subcu- taneous injection of calomel. Three of the cases received two or three injections each (quantity not stated), at intervals of about 12 days. At the time of writing, these were nearly or quite cured, after the lapse of 37, 20, 19 days respectively; and the remaining two cases, which had each received one in- jection, only eight days previously, were notably improved. If this discovery is verified, it will prove one of the most import- ant ever made in regard to the treatment of syphilis.—*Wiener Med. Wochenschrift*, No. 24. D. F. L.—*Med. and Surg. Jour.*

DEATH OF DR. ALEXANDER H. STEVENS.—At a special meeting of the New York Academy of Medicine, held April 2d, 1869, for the purpose of paying a tribute to the memory of the late Alexander H. Stevens, M.D., a series of resolutions were unanimously passed, expressive of the high estimation in which he was held by the members of the Academy, and of their deep sorrow at his departure.—*Boston Med. and Surg. Journal*.

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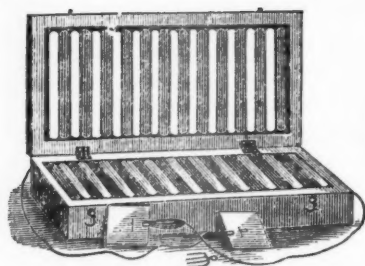
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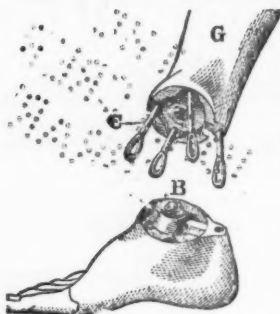
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